

Analysis of CSHCS Manager’s Health Equity Learning Lab Evaluation Surveys

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1. Learning Lab

The Children’s Special Health Care Services (CSHCS) Management Health Equity Learning Lab was attended by 17 participants in the first session and 18 participants in the final session. The first session was held on February 26th, 2014 and the final session was April 23rd, 2014. A total of 21 managers completed either a pretest, posttest or both for the Learning Lab. All participants were from MDCH. There were three CSHCS Manager Health Equity Learning Lab sessions every 4-8 weeks. Each Learning Lab session lasted 2-3 hours.

2. Division

Which MDCH Division do you work in?

	Frequency	Percent	Valid Percent	Cumulative Percent
Family and Community Health	8	38.1	38.1	38.1
WIC	3	14.3	14.3	52.4
Chronic Disease and Injury Control	2	9.5	9.5	61.9
Valid Lifecourse Epidemiology and Genomics	3	14.3	14.3	76.2
Children’s Special Health Care Services	5	23.8	23.8	100.0
Total	21	100.0	100.0	

Managers were from five different Divisions within MDCH. Most managers were from either the Family and Community Health Division or the Division or Children’s Special Health Care Services (CSHCS).

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

Are you a person of Hispanic, Latino, or Spanish origin?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid No	21	100.0	100.0	100.0

There were no participants who reported being of Hispanic, Latino, or Spanish origin.

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

Race

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid White	17	81.0	81.0	81.0
Black or African American	3	14.3	14.3	95.2
Valid American Indian or Alaska Native				
Asian	1	4.8	4.8	100.0
Total	21	100.0	100.0	

The majority of MDCH participants were White (81%), with Black/African American (14.3%) as the next largest group. One individual identified themselves as Asian.

5. Number of Sessions Attended

How many Health Equity Learning Lab sessions did you attend (out of 3)

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid One	1	4.8	5.3	5.3
Two	7	33.3	36.8	42.1
Valid Three	11	52.4	57.9	100.0
Total	19	90.5	100.0	
Missing System	2	9.5		
Total	21	100.0		

Roughly half of the participants attended all three Health Equity Learning Lab sessions (52.4%). Most participants (85.7%) attended two or more Learning Lab sessions.

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=21)</i>					
6. Articulate in concrete terms the reasons why it is important to adopt a health equity framework for practice within my division of MDCH		3.87	.83	4.13	.35	-1.29
7. Identify and understand what it would mean to apply a health equity framework in my day-to-day work		3.20	.78	3.87	.64	-3.57**
8. Assess the degree to which my division of MDCH currently applies health equity principles in carrying out its responsibilities		2.73	.70	3.73	.46	-5.12**
9. State my leadership responsibilities to facilitate needed changes that would enable staff to apply health equity principles more fully		3.21	.89	3.86	.54	-3.80**
10. Articulate concrete ways leaders can support staff in applying a health equity framework to their day-to-day work		3.33	.82	3.87	.35	-2.78*

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

Participants showed statistically significant increases in four out of five reported self confidence ratings in understanding and applying a health equity framework in their division, assess current application of health equity principles and understanding how their leadership role could facilitate changes in their division. There was not a significant increase in confidence in being able to “Articulate in concrete terms the reasons why it is important to adopt a health equity framework for practice within my division of MDCH.” However, participants began the Learning Lab with higher confidence on this competency than the other four competencies.

Pretest and Posttest Open-Ended Questions

11. From what you know right now, answer the following question in concrete terms:

Why is it important to adopt a health equity framework for practice within your division of MDCH?

Summary: Most respondents reported improving population health and better monitoring health equity as important reasons to adopt a health equity framework within their division both before and after the Learning Lab. Some managers began the Learning Lab with more general statements of reducing racial health disparities, but at end of the Learning Lab focused more on addressing root causes.

Theme: Improve Population Health (continued on next page)

Pretest Responses (6 Responses)

WIC serves 55% of all infants in Michigan and we can have a huge impact on reducing infant mortality through equity

We serve the population of MI. When any portion of the population has a lesser degree of health than the rest of the population then that group is not attaining the quality level of outcome that they could/should be able to obtain within the context of the population as a whole. Health inequities ARE damaging to the individuals, the subgroup and the population as a whole. We all pay both financially and culturally when there are holes in the equity by which people can attain their highest level of health

It is important to consider/implement a health equity framework within our Division to ensure that the Department cumulative effect maximizes outcomes for our populations

We cannot achieve change in health outcomes and the current disparities that exist without incorporating equity throughout all our thinking and doing

Posttest Responses (7 Responses)

It's the only way to significantly improve health outcomes

In order to address health inequities and improve the health of all populations

If we want to address maternal and infant mortality we need to have this framework. It is also important if we want to eliminate inequities

We cannot move MI health outcomes (move any of the health needles) without it

We must adopt a health equity framework to promote the health and well being of all Michiganders. Without such a framework, existing cultural political, social narratives will impede progress towards good health in all

It, Health Equity Framework, impacts the health outcomes of our at risk population

To accomplish our department's mission to protect, promote and preserve the health of all Michigan's population

Theme: Improve Population Health (continued)

Pretest Responses (6 Responses)

If we are to participate in improving the health of people of Michigan, we must decrease health inequities and disparities. To do that, we must adopt a framework of health equity

Impact health outcomes

Theme: Improve Health Equity Monitoring

Pretest Responses (3 Responses)

My division has some of department's responsibility for understanding health and equity in health --> we must provide all types of measures of equity not health disparities

To assure that we are adopting and implementing policies, procedures, and programs that promote health and wellness for all equally. So that all have equal opportunity to experience positive health, which in turn contributes to positive personal outcomes

To make progress, to effectively improve the health status of our population, health equity and its impacts must be considered and factored(?) into program design, services, opportunities, etc.

Posttest Responses (3 Responses)

For my staff to understand how their role impacts the service delivery of programs and the individuals served. To understand what programs and services are being provided to populations and whether the outcomes are improving or need to be changed

To assure that we are serving the population as a whole, reaching everyone & providing culturally sensitive care to include additional supports as needed

Lifecourse Epi/Genomics DIV --> We need to reframe what data we collect (i.e. further upstream), so that we can offer more in scientific perspective to department's work. We are good at pointing out end of process - disparities in health, but not good at pointing out intervention points/causes. Which greatly limits the ability of department and partners to address inequity and/or show progress (or lack of)

Theme: Reduce Health Disparities

Pretest Responses (3)

Because we will not be successful in our public health work if we don't adopt a health equity framework. Our mission is to reduce health disparities

Health equity affects health. Reasons for health equity are imbedded in laws and regulations, and will require long-term efforts to slowly change them

We are charged with promoting health and wellness for the maternal child health population and to eliminate health disparities. To achieve this charge we must address inequities. So we must learn how to do so.

Posttest Responses (0)

N/A

Theme: Address Root Causes

Pretest Responses (2)

In order to address the social, political, and structural causes for health inequities

It is extremely important to adopt a health equity framework to move beyond quantifying disparities and develop actionable ways to address fundamental root causes of health inequities. Health is a fundamental right to all.

Theme: Other

Pretest Responses (2)

Look at political and social environment before building health equity framework

Work toward social justice

Posttest Responses (4)

We cannot just look at health disparities

Individuals are important change agents for changing the culture of our institution.
Learning words

To move the discussion/priority from merely recognizing Health Disparities

If we don't acknowledge and address the social determinants of health

Posttest Responses (4)

Health equity must be clearly included in all the work we do

Educating upper management on importance of health equity

To support and further advance practices, policies and allocation of resources to eliminate health disparities

To assure that we communicate to sub-recipients, the importance of providing services to those in need and not prejudging clients

So that we can better serve the families

12. From what you know right now, answer the following question in concrete terms:

What it would mean to apply a health equity framework to my day-to-day work?

Summary: Before the Learning Lab, managers reported that applying a health equity framework in their daily work would mean an emphasis on health equity, studying practices and policies, engaging communities and changing data collection. After the Learning Lab, a majority of managers placed an emphasis on changing policies and procedures (not just reviewing) and engaging their staff in health equity efforts.

Theme: Greater Focus on Health Equity

Pretest Responses (5)

Changing what we do to improve our approaches, and also improve outcomes

Address racism at its four levels

It would be an integral component of every conversation and discussion made-just as we always address costs/funding, for example, we would also always include analysis of equity as it would relate to the action/outcomes/decisions being carried out. Equity analysis would be a core component of evaluation and QI

With all work completed, pause to add/wear equity lens (i.e., developing, approving state policies, assessing staff competency related to health equity, etc)

To think and apply PRIME in all we do, at meetings and in decision making process

Posttest Responses (2)

Paying attention to the "old" way of thinking and seeing problems - Doing work differently with more awareness

Keep the topic and need in the forefront of thoughts and activities.

Theme: Study Practices and Policies

Pretest Responses (4)

Monitor progress in plan areas

Stopping to examine what we do, daily, and consider how it impacts all potential stakeholders.

Research into the program as to where we are seeing differences to outreach, enrollment, services, and outcomes

Incorporating diverse perspectives into that examination process.

Posttest Responses (0)

N/A

Theme: Engaging Communities with Inequities

Pretest Responses (2)

When opportunities arise to provide resources, assistance, and support to local communities, understanding and considering health equity factors contributing to a given communities' social and health status. Directing resources in a way that empowers communities to be a partner in the process of designing programs and related activities

Engage affected populations

Posttest Responses (0)

N/A

Theme: Change Data Collection

Pretest Responses (2)

Change data systems; Time for explicit discussions; Change hiring and performance reviews (?)

Evaluate ways data are collected; How race/ethnicity may not be collected correctly; Improved analyses and data collection of SDOH

Posttest Responses (0)

N/A

Theme: Study Client Needs

Pretest Responses (1)

Review environment and needs of clients in clinics that we operate to see if these are strategically placed to offer services

Posttest Responses (1)

To ensure that programs are effective and reaching the population they intended to serve

Theme: Engage Staff in Health Equity Efforts

Pretest Responses (0)

N/A

Posttest Responses (6)

Ensure staff receive training in the area of equity and that expectation to address inequities is incorporated into performance evaluations -Delegate equity responsibility to all staff -> work collectively to identify/address barriers

Incorporate health equity training in orientation of new staff and recruitment of staff

That I answer questions from staff, consumers on a timely basis; That I include all staff into projects and seek out participation

Identify individually and with staff where inequity exists and if we or others we influence can/will change that provide mentoring/opportunities to staff to be mentored in how to talk/work on equity= stretch goals?

-Provide necessary resources for staff to excel, identify (up arrow) resource needs to higher management

Provide specific opportunities for staff to think about and speak about those thoughts Include staff in the how to do it including how to deal with barriers

Theme: Change Policies and Procedures to focus on Health Equity (continued next page)

Pretest Responses (0)

N/A

Posttest Responses (12)

Infusion means thinking about everything we do in my section to address health equity, including how we conduct staff meetings, hire and prepare new staff, develop work plans, etc

Infuse a health equity lens in hiring and supervising staff, in planning interventions and in developing policies and practices really "putting on" that health equity lens and explore transforming possibilities - sharing those with others.

That I am always asking the questions around a health equity lens

- Observe, with health equity lens, current operations -Identify areas in need of improvement/additional focus - Incorporate equity awareness/receptively into having processes

This is a tougher question, but I would like to approach my work and review my tasks through a health equity lens. This may mean slowing down and reconsidering certain assumptions and routine processes, procedures, protocols, etc.

1. Incorporate in "business as usual" - routinely address in: epi seminars/brownbags - division work plan; staff meetings; -division contracts; -1:1 meetings and performance reviews; - program grant application; -analysis plans; - hiring/selection of interns; -"other duties as assigned" -> build capacity? 2. "Walk the talk" & " talk the talk" through personal action & interpersonal dialog 3. 4. Seek out money or redirect money to develop health

Theme: Change Policies and Procedures to focus on Health Equity (continued)

Posttest Responses (12)

equity structural surveillance (not just disease and people surveillance)

Create an environment where it is expected to be a priority. Establish its importance in policy, hiring process, employee and program management

To look at programs, policies, activities and issues if there are consequences of these program, policies, activities that impact populations differently or contribute to disparities

Every decision and/or action taken as a manager - whether for staff, program or interaction with other managers would be based on this as its foundation

Include health equity in our policy process, staff selection, staff 1 on 1 meetings, and our daily interactions with the stakeholders

Specifically infuse into hiring process, funding formulas, resources matched to need, contract language, planning, advisory groups, QA/QI processes, etc, etc - many areas are under my/our ability to impact

Theme: Other (continued on next page)

Pretest Responses (6)

I can't

Need to do/learn much more

It would be my dream come true!

I need to understand the reasons for using race/ethnicities in my work

Barriers to reaching population

Posttest Responses (3)

I struggle to identify concrete things I can do to apply a health equity framework in my day to day work

That I approach my day-to-day work in a positive manner and make decision which best meet the needs of my staff and the delivery of services to our various communities

I don't see how it would change my daily work as our focus is on serving families

Theme: Other (continued)

Pretest Responses (6)

Look more upstream to effect of
fundamental root causes on health

13. From what you know right now, answer the following question in concrete terms:

What are your leadership responsibilities to facilitate needed changes that would enable staff to apply health equity principles more fully?

Summary: Before the Learning Lab, managers reported several methods to help staff better apply health equity principles. These ideas included increasing health equity learning opportunities, leading change within the division, and changing policies and procedures. Some managers also reporting creating a supportive work environment for staff and being a role model in applying health equity principles before the Learning Lab. At the end of the Learning Lab a large portion of managers shifted from their beginning comments and listed creating a supportive environment and being a role model as ways to facilitate change.

Theme: Create a Supportive Environment

Pretest Responses (4)

I have a responsibility to support an environment that will enable staff to apply health equity principles

Fully support it. Be willing to verbally and outwardly support it

Support staff's understanding of health equity

Support facilitate staff plan/section plan

Posttest Responses (9)

Assure they have the encouragement and support to continue developing an equity view in their work.

I need to promote an environment in which staff feel comfortable discussing these issues. I need to have this as a discussion point in all section meetings, one on one meetings, etc

Create environment that is supportive of this work and allows it to move ahead

Allow them to express concern they note or see and discuss

I believe the key is to engage staff in an on-going dialogue about health equity and social "justice" principles and their application.

Talk about, make it allowed and acceptable and encourage others to talk about and be involved in solution

Provide time and space for team to identify issues and to problem-solve.

Provide open communication, listen and assist my staff to make productive decisions

Empower staff, local agencies to address

Theme: Managing Organizational Change

Pretest Responses (4)

Can state some, but not to the extent needed; To guide as well as to support across program and system, change work responsibilities, hiring and staff evaluation practices, resource allocation decision - to name a few

Oversight of how we distribute resources; set and recommend policies, protocol, and procedures for programming; Assure we monitor progress or lack thereof; and hire a diverse staff and support their integration within the segregation(?) to always assure we look at what we are (hopefully) changing and doing with an equity lens

Assess political environment and maneuver through bureaucratic system to make changes

Lead the direction toward research and evaluation of differences found, can they be explained or not by racial, cultural, gender assessment etc.

Posttest Responses (3)

Provide the guidance, resources and direction to staff to assure we consistency apply health equities in the work we do.

Gain support from upper management and HR

Inform and advocate for policy changes that may be barriers to equity

Theme: Increase Learning Opportunities

Pretest Responses (4)

To increase my own knowledge and awareness; to support my staff and people around me to do the same. For all of us to then apply what we are learning and test and question whether we are achieving outcomes

Ensure staff training/competency; Provide support to staff attempting implementation of change; Ensure enforcement of change

To constantly learn and grow in my own understanding of how to do this work more effectively

Q10: See #7 -> can redirect work priorities but really need to provide space and training for health equity lens over all our work

Posttest Responses (2)

Ensure that all Div. staff understand HESJ terms and concepts; provide opportunity for them to "talk" the new language in the context of challenges and opportunities in public health

To provide info to staff on health equity, provide them the opportunity to understand and participate in trainings. To facilitate and provide assistance to staff when they have questions

Theme: Change Policies and Procedures

Pretest Responses (2)

I can create and implement policies that promote health equity principles in the Cancer Prevention and Control Section

Ensure that programs, activities, resources, incorporate principles to strive to achieve equity.

Posttest Responses (1)

Adding it to their performance objectives - Mandating it as part of all programs and initiatives -Discussing it as a group in Unit meeting

Theme: Act as a Role Model

Pretest Responses (2)

To lead by example and challenge managers/staff to include PRIME in all we do

Model behaviors, I don't actually supervise anyone

Posttest Responses (5)

I need to model the practices in my work with them and in exchange with administration.

Be an example of making it a priority and taking action on a consistent basis

I need to be thinking about it and articulate health equity principles as I prioritize tasks

As a leader my job is to facilitate staff buy-in and accountability

Incorporate health equity methods into division's work and strategic plan but also into my own work -> and deliberately articulate this approach to staff and supervisors and partners

Theme: Other

Pretest Responses (1)

Continue to obtain Administrative Sanction; Report and monitor; Find out about Appendix B items and how relate

Posttest Responses (4)

Guide and support the work; support, address and track when inequity/injustice issues are id'd and what was done to address them

Develop a learning organization to avoid group-think. Ensure that there is diversity of thought

- Keep equity front and center -Make time for equity projects, but also incorporate considerations into day-to-day ops and decision making -Allocate resources equitably, not necessarily equally -Collect data measures routinely - monitor for improvement, make adjustments as needed based on outcomes -Assess staff competency with subject matter - address where needed

Identification of gaps/issues related to health equity with/via staff

13. From what you know right now, answer the following question in concrete terms:

In what ways can leaders support staff in applying a health equity framework to their day-to-day work?

Summary: Before the Learning Lab, managers reported that they could assist staff by emphasizing health equity and having supportive discussions with staff. After the Learning Lab, managers reported improving communication with staff by having more supportive discussions and asking staff for input. Additionally, managers suggested providing health equity training for their staff and creating a supportive work environment.

Theme: Focus on Health Equity

Pretest Responses (6)

Change data systems; Change hiring and performance reviews (?) AND can redirect work priorities but really need to provide space and training for health equity lens over all our work

increase the use of analyzing and discussing using an equity lens for a growing part of our daily work

Provide necessary training and resources; Be consistent in expectations re: incorporation of equity framework; enforce

Apply challenging questions about what they have considered in recommendations and decisions, documents development

Make racism a public health focus. Assess a way for all programs to have a core manner and methods to gather information - apples to apples to identify overall discrepancies and difference between programs

At the department level, leaders can make addressing factors determining health equity a priority, direct resources to it, initiate collaboration among departments and agencies to address these cross-cutting issues

Posttest Responses (3)

Making it an important component of work plans -Commit resources to it - Monitor/follow up

Create structures/committees/workgroups to identify improvement opportunities and then act on these opportunities

Identify more specific ways to "Use an equity lens" and then apply/transfer to other areas

Theme: Supportive Discussions with Staff

Pretest Responses (6)

During one-on-one staff/leader meetings - reinforce, reinforce, reinforce - Talk Personal, Interpersonal, Cultural Continue learning, share and communication in ALL we do in WIC

Continue learning, share and communication in ALL we do in WIC

Time for explicit discussions

Make oneself available to brainstorm/contribute to change discussion Set expectations, measure results, share knowledge - talk about it.

Set expectations, measure results, share knowledge - talk about it.

To fully support, both verbally and officially, staff in this topic

Posttest Responses (6)

1 on 1 discussions and provide regular updates on projects than we have (via prime) initiated based on our health equity lens.

-Discussions

Encourage dialogue about equity and justice, establish criteria to recognize activities that promote health equity

Listen

Ask at monthly individual meetings with performance productivity check in. Be open to discussion - make suggestions as changes are realized

Listen to recommendations and suggestions

Theme: Ask Staff for Health Equity Input

Pretest Responses (0)

N/A

Posttest Responses (4)

- what is/are health equity issues you can address or that require management support to impact. -Examine, discuss with management team means to remove barriers - if beyond scope of my authority/responsibility

Make goals in workplans and performance evaluations related to health equity

Review work together using a shared health equity lens

seek input from staff members

Theme: Provide Health Equity Training

Pretest Responses (0)

N/A

Posttest Responses (6)

Practicing questions and even requirements to help them acquire another perspective.

Ensure that staff are oriented and trained about health equity.

Make sure they understand the language and concepts of HESJ

Assure they have access and require participation in equity training opportunities especially as related to their job requirements and their professional or position work.

Include health equity in staff meetings

Provide trainings

Theme: Create Supportive Environment

Pretest Responses (0)

N/A

Posttest Responses (7)

See #10 (Allow them to express concern they note or see and discuss)

-Encouragement -Listening -Follow-up on issues

Assure safe, and receptive environment for doing (?) so infuse more accountability to do so.

Provide information and support.

See above (I need to promote an environment in which staff feel comfortable discussing these issues. I need to have this as a discussion point in all section meetings, one on one meetings, etc)

Provide time for one-on-one reinforcement; Provide necessary resources; Offer positive reinforcement; Share positive outcomes

make sure staff have safe environments to provide input.

Theme: Other

Pretest Responses (4)

Apply principles to building health equity framework

Again, I can do some-need to understand how to do more

See #10 (Continue to obtain Administrative Sanction; Support facilitate staff plan/section plan; Report and monitor; Find out about Appendix B items and how relate)

Demonstrate by example

Posttest Responses (1)

All analysis, data collection and dissemination is done to improve understanding of upstream causes of health impact(?)

Posttest Only Evaluation Questions

15. In what ways will this Learning Lab 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: Management Staff reported a variety of ideas for how they could make changes in their job to better address racial health disparity. Participants listed changes in relation to hiring and reviewing staff, along with adjusting staff work tasks. Other participants reported feeling more confident to lead in addressing racial health disparities and some participants listed how they could prioritize work with a health equity focus.

Improve Hiring and Performance Reviews (4)

Incorporate health equity in: job postings, hiring, new staff orientation, workplans

Include new/better interview questions on health equity - Add performance evaluation factors that include health equity

Formalize WIC public health consultant/analyst staff hiring process with HR of internal tool per Jeanette Lightening's description vs. having to do separately for each position

Add additional questions for interviews –

Improve Data Collection and Analysis (4)

Place priority on data gathering and analysis of the racial make-up of the program

Like to collect data and change forms so that two programs are collecting data to see who we are serving. Change forms & require data collection. Include health equity in performance plan

Gather additional data

Renew existing data - are there racial/ethnic disparities in rate of returned applications? - utilization differences

Use New Confidence and Resources (3)

These labs assist me with "providing permission" or increasing my confidence with management decisions, such as decisions re: allocation of resources. Example: Breastfeeding training resources - extra resources recently printed for areas where disparities are more prominent, so opposed to equal distribution across state.

I have a new vocabulary for articulating issues, goals and actions. I am out of my comfort zone.

Push myself and others to the "alternative Public Health Narrative". Great visual to help see the strengthening of visions.

Continue Working with Others (3)

Exchange of ideas was helpful and would love to include scenario development

Work cross divisions on applicable Health Equity follow-up issues (like Jeff Spitzley's follow-up of those that "drop out" of program)

I also need to find new ways to systematize/institutionalize process, policies and procedure to address health disparities. I need to continue the dialogue with staff in more formal and informal ways

Reset Priorities (3)

Be more realistic about how I prioritize work and delegation of work to staff

Don't do business as usual. Consider alternative methods. Example - partnering with community based agencies

Assess advisory committee membership.
Assess communication efforts

Provide Guidance for Providers (1)

Incorporate more information for providers

Other (5)

I believe that I am wearing a health equity lens more-but still not enough.

Again I don't see how this will better address disparities as we continue to serve our families

What is multi-tasking?

Related to previous answers (Assure safe and receptive environment for doing (?) so infuse more accountability to do so. Identify more specific ways to "Use an equity lens" and then apply/transfer to other areas)

made me think about management definitely

Think about how to be sensitive to populations we are serving

16. How did this Learning Lab improve your specific knowledge or skills you use for your job?

Please list the specific areas of knowledge or skill development that improved.

Summary: Managers reported enjoying the discussions with other managers who had already made changes to support health equity. These discussions gave managers confidence and ideas on how they could make changes within their own sections. Several managers mentioned wanting to develop a more supportive relationship with staff that would foster health equity ideas.

(15 responses)

Staff Management Ideas (4)

Increased my awareness and how I need to encourage/foster this with my staff

Increased awareness/sensitivity; Looking forward to session with staff

Improvement in understanding of ways to incorporate equity principles with managing staff

More understanding and concrete ideas for the range of areas I can impact (again, areas mentioned under previous question responses: Assure safe, and receptive environment for doing (?) so infuse more accountability to do so. Identify more specific ways to "Use an equity lens" and then apply/transfer to other areas)

Discussions about Health Equity Activities (4)

The discussion with other PHA manager is extremely helpful

I like the sharing among different sections.

Loved loved loved the exchange of ideas hacce(?) folks are doing to building into ongoing follow up

Concrete examples from colleagues about what they are doing

Hiring and Staff Performance Reviews (2)

Improve hiring and orientation process of new employees

Help with interviewing and staff performances plans.

Health Equity Concepts (2)

Health equity vs health disparity

Exploring knowledge of broad concepts. The public health "narrative" for example

Improved Confidence and Commitment (2)

Making sure feel confident about See 13 (Again I don't see how this will better address disparities as we continue to serve our families)

It enhanced my commitment to apply a health equity framework for practice within my division

Health Equity Resources (1)

Learned of Health Equity work group - need central repository to discuss those lessons learned

17. In what ways did this Learning Lab disappoint you or fail to meet your expectations?

Summary: The most common disappointment among managers was a desire for more time, particularly for discussion. Others wanted to have more sessions on health equity. A large portion of managers reported not being disappointed by the Learning Lab.

Need More Time (6)

Provide more time for discussion but realize that it is difficult for long meetings

more time needed for discussion

Just when the discussion is getting good, it ends!

I often felt rushed. Maybe expect to cover less material?

Not enough sessions!

I would just like to have this ALL the time! It was so helpful to get to frame the dialog (example narrative) and to get the support of other managers!!!

Difficult to Understand Concepts and Applications (1)

concepts still in the cloud - hard to bring them down to specific actions

None/Not Applicable (6)

NOT APPLICABLE AT ALL!

None (2)

N/A = was very helpful

N/A

not disappointed!

Other (2)

Need to address what seems to be a hearing loss - disappointed that I had a hard time hearing everyone!

?

18. What would have made this Learning Lab more successful?

Summary: Managers suggested that the Learning Lab sessions be longer and that sessions continue to occur periodically as they move forward. A few managers wanted more concrete examples or additional time to develop ideas of what they could do in their work.

Needed More Time (3)

Probably could have used more time

Allow more time for small group discussion- was a little rushed

More time to further develop the activities from session 3; spend less time in session on generic leadership

None (3)

Nothing!

N/A (2)

Continued Support (2)

Repeat this supportive exchange

Would love to see an ongoing learning lab quarterly meeting. We can make it happen.

More Examples (2)

More case studies; more opportunities to implement what I was learning in the lab settings

I would like more concrete examples of actions to take to promote health equity

Enjoyed working with others (2)

The more interactive, small groups engaged in probing answers to questions was great

Great combination of sharing, learning, collaborative - very effective!

Other (2)

Create a cross-division forum to piggy-back related initiatives that address Health Equity with similar population groups made vulnerable

Parking at USB is a challenge - some staff are not able to walk this distance

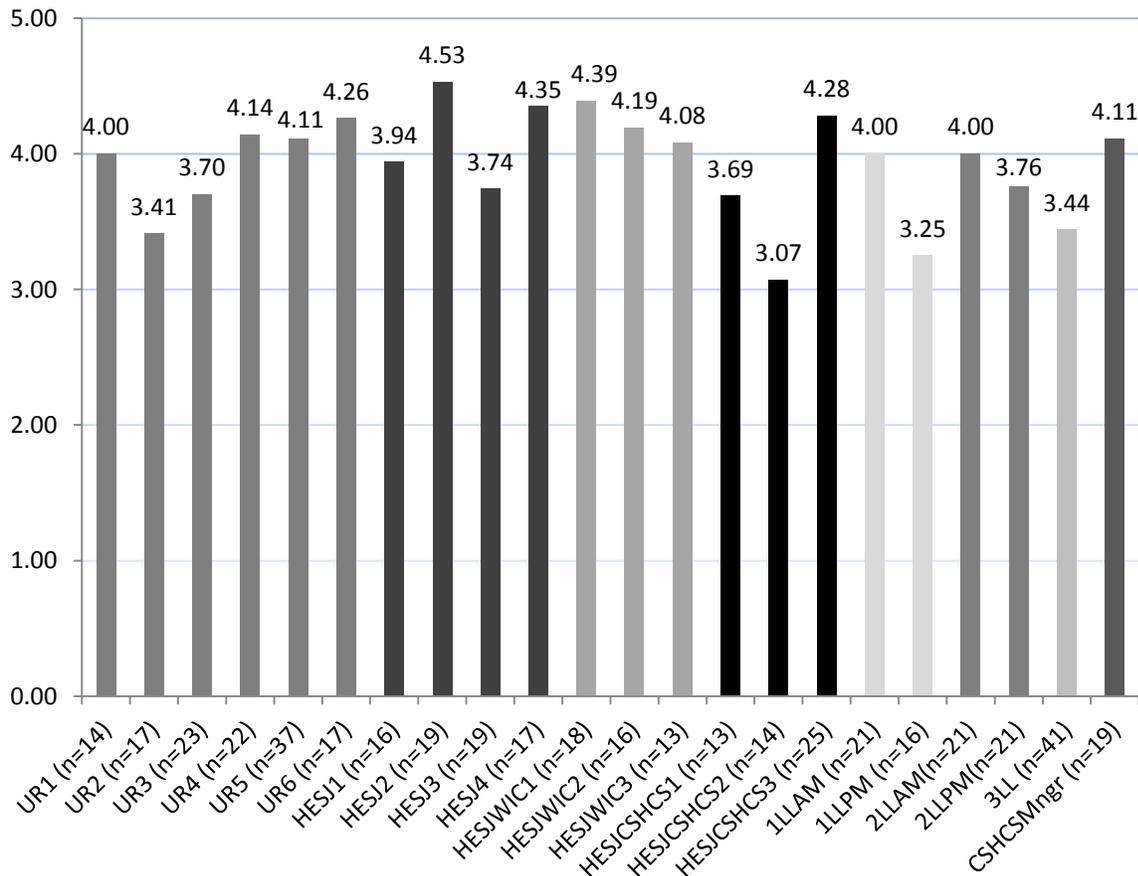
**On a five-point scale, how useful was this Learning Lab for your work?
Circle one answer:**

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

Mean Rating for the CSHCS Manager Learning Lab: 4.11
 Mean Rating for the CSHCS HESJ Workshop: 3.81
 Mean Rating for the WIC HESJ Workshop: 4.18
 Mean Rating for the HESJ Workshop: 4.14
 Mean Rating for the Health Equity Learning Lab 3: 3.44
 Mean Rating for the Health Equity Learning Lab 2: 3.84
 Mean Rating for the Health Equity Learning Lab 1: 3.68
 Mean Rating for the UR Workshop: 3.96
 Standard Deviation: .99 (CSHCS HESJ 1.14,UR: .93; HESJ: .85; WIC HESJ: .91)

Comparison of this Mean Usefulness Rating of the CSHCS Health Equity Learning Lab with Mean Usefulness Ratings among 22 other PRIME training events:

Mean Usefulness Score



19. If we offered this Learning Lab 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%	15.8%	84.2%

84.2% of the participants would recommend this Learning Lab without reservations. Comparison of the percent of participants who would recommend this CSHCS Health Equity Learning Lab without reservations with percent recommendations no reservations among 22 other PRIME training events:

Percent Recommend With No Reservations

