

Analysis of CSHCS Staff Health Equity Learning Lab Evaluation Surveys

Allison Krusky, MPH

Thomas M. Reischl, PhD

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1. Learning Lab Details

The first Children’s Special Health Care Services (CSHCS) Staff Health Equity Learning Lab session was held on January 22nd, 2014 and the final session was held May 29th, 2014. There was a total of five Learning Lab sessions, which occurred once a month for 2-4 hours. Management attended the final CSHCS staff Learning Lab session. A total of 44 staff completed a pretest, posttest or both for the Learning Lab. Of participants who completed a pretest or posttest, most were from MDCH; two were from local health departments.

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

	Frequency	Percent	Valid Percent	Cumulative Percent
Program Analyst/Specialist/Consultant	17	38.6	51.5	51.5
Valid Administrative Support	10	22.7	30.3	81.8
Other	6	13.6	18.2	100.0
Total	33	75.0	100.0	
Missing System	11	25.0		
Total	44	100.0		

Most program attendees identified themselves as a “Program Coordinator/Specialist/Consultant.” The second largest group selected “Administrative Support,” and a select few classified themselves as “Other”.

3. Which CSHCS Section do you work in?

(Check one answer.)

		Section			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Policy & Program Development Section	5	11.4	15.2	15.2
	Quality & Program Services Section	5	11.4	15.2	30.3
	Customer Support Section	19	43.2	57.6	87.9
	Other	4	9.1	12.1	100.0
Total		33	75.0	100.0	
Missing	System	11	25.0		
Total		44	100.0		

The largest proportion of CSHCS staff Health Equity Learning Lab participants were from the Customer Support Section. The remaining participants were split among the Policy and Program Development Section; Quality and Program Services Section and Other.

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	31	70.5	96.9	96.9
	Yes	1	2.3	3.1	100.0
	Total	32	72.7	100.0	
Missing	System	12	27.3		
Total		44	100.0		

Most CSHCS staff Health Equity Learning Lab participants were non-Hispanic.

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

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid White	19	43.2	59.4	59.4
Black or African American	10	22.7	31.3	90.6
Other	3	6.8	9.4	100.0
Total	32	72.7	100.0	
Missing System	12	27.3		
Total	44	100.0		

Almost half of CSHCS Health Equity Learning Lab participants were White, with Black/African American as the next largest group. A select few identified themselves as Other.

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=23)</i>					
7. Articulate in concrete terms the reasons why it is important to adopt a health equity framework for practice within CSHCS		3.74	.75	4.13	.76	-2.40*
8. Articulate in specific terms what it would mean to apply a health equity framework to my day-to-day work		3.48	.85	4.13	.92	-3.19**
9. Assess the degree to which my work unit currently applies health equity principles in carrying out our responsibilities		3.48	.79	3.78	1.04	-1.10
10. Identify changes that need to occur at the <u>interpersonal</u> level to apply health equity principles more fully		3.70	.64	4.09	1.00	-2.11*
11. Identify changes that need to occur at the <u>institutional</u> level to apply health equity principles more fully		3.57	.73	4.22	.90	-3.76**
12. Create realistic scenarios illustrating typical opportunities to apply a health equity framework in CSHCS at the <u>interpersonal</u> level		3.65	.65	4.04	.77	-2.40*
13. Create realistic scenarios illustrating typical opportunities to apply a health equity framework in CSHCS at the <u>institutional</u> level		3.52	.73	4.13	.92	-3.10**
14. Identify, individually and collectively, actions that will strengthen the application of a health equity framework		3.52	.73	4.13	.69	-3.10**
15. Carry out, individually and collectively, actions that will strengthen the application of a health equity framework		3.65	.65	3.91	.90	-1.55
16. Identify indicators for evaluating success in honoring these commitments in three months, six months, and twelve months.		3.27	.83	4.05	.65	-4.82**

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

Participants showed statistically significant increases in most of the reported self confidence ratings. There was not a significant increase in two self confidence rating, “Assess the degree to which my work unit currently applies health equity principles in carrying out our responsibilities”

and “Carry out, individually and collectively, actions that will strengthen the application of a health equity framework.” The largest increase in confidence occurred with being able to “Identify indicators for evaluating success in honoring these commitments in three months, six months, and twelve months.”

Learning Lab Evaluation Questions

10. 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: Some participants reported that this learning lab will help them address racial health disparities by improving the quality and frequency of communication among co-workers and management. Other participants mentioned adjusting how they used and collected data, whereas others commented that race was not a current focus in their work.

- **Increase and Improve Communication (6)**

providing recommendations to upper management.

Better communication with managers on a day to day operations of the program.

Offer more input for new ideas that will improve health equity

Communication has to get better.

Learned contacts to keep in touch with in order to facilitate communication and positive needed change (with health equity)

If the changes in communication and the database take effect it will help get a target on what we would do.

- **Improve Data Usage (4)**

Collecting more pertinent data to identify areas/methods of reaching out to families of children with special needs; conducting needs assessments

Process all minority information before whites.

If I was able to assist in identifying those individuals with disparities that would then give me a better understanding as to those that requires more outreach.

Would like to have a form that is required to be filled out with current demographics for clients sent with all documents. Information will help shorten process time, and help to follow HIPPA.

- **Racial Inequity is not an Issue (3)**

Racial health is seldom an issue with clients. We do have many cultures on staff with large views that differ from others.

My focus is to help everyone regardless of background, doing so should address those within PRIME demographic.

I don't know necessarily about racial health because I don't focus on race only medical condition. However, it is more evident to me that these are

racial barriers that need to be recognized.

- **Review policies and programs (2)**

Be involved in more programs and policy implications.

I would like to evaluate the policies to see where we need to be more equitable. I would like to offer this type of training to LHDs to improve their understanding of why it's important.

- **Enlist Clients to Action (2)**

I would encourage the client to become pro-active in contacting the necessary levels of health care to identify their needs.

Encourage families to advocate for their children within the multiple levels of government

- **Other (7)***

Undetermined

Not sure how it will better help address these issues.

Place a stronger effort both individually and institutionally in working towards health equality.

I believe that this learning lab series served only to further confuse the issue. It was not helpful in identifying racial health disparities in my job. It did not articulate what the concept of health inequity is; it wasted a great deal of time and energy dealing with argumentative persons.

Collective understanding/ support from colleagues

It encouraged me that this can be done, that many people are willing to do the work and that this is relevant to who we serve. Outreach to the populations we aren't reaching.

*One participant's response expressed frustration with attempts to resolve issues related to his/her perception of a supervisor's racial prejudice. The verbatim response was not included in this report in order to protect the identity of the individuals involved. The verbatim response, however, was shared with PRIME leaders and lead staff from the Bureau of Family, Maternal and Child Health and is being addressed in the context of the PRIME initiative.

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

Summary: The most commonly reported useful or valuable outcome of the Learning Lab was improved communication. Some participants also mentioned a greater understanding of the CSHCS Division, the local health department's role in service provision and situations families face. Other participants became more aware of health equity, and appreciated tools and strategies to address inequities.

- **Improved Communication (9)**

Communication (3)

Encourage us to speak up.

Improved communication.

Planning and being clear what you say and what others say.

Improve communication with staff

It allowed me to hear what other co-workers thought about our program.

Although it was very difficult, I learned how important it is to review and improve our communication.

- **Better understanding of outside CSHCS (4)**

Improved understanding of complexity of CSHCS and the barriers in place and tools needed to achieve health equity for all clients.

Help me see how much of a gap there is with the local health department and MDCH as a whole and how we are so different.

Able to look at situations more thoroughly and better understand challenges faced by families.

Getting to know what our partners (LHD) does on a daily basis to help support CSHCS.

- **Increased awareness (3)**

I was previously unaware of how health equity disparity affected so many people. I am more aware that stress from all the "isms" plays a huge role.

It improved my knowledge about health equities and the reality of it. It opened my eyes to things I thought I knew

Gave me info about diagnosis that are life conditions that I didn't know before and problems getting services covered, billing issues.

- **Strategies to Address Health Equity (3)**

Providing new tools and techniques to assess current environment. Discussion on Power.

Learning the tools needed to impact inequalities.

Identifying specific action steps that lead to improving equitable service delivery to clients.

- **Unsure (2)**

Not really sure how I may apply this info to my job.

Undetermined

- **None (1)**

It did not.

- **Other (5)**

More in touch with anger.

Allowed me to use my skills as whereas limited on my job currently

Using this specific health equity knowledge gained to use in conjunction with local cultural diversity information for change.

To persevere and stick with the group even though we had people who didn't care made it harder for those of us who did.

I loved all of it.

12. In what ways did this learning lab disappoint you or fail to meet your expectations?

Summary: Several participants reported being disappointed that some staff members chose to not participate with the Learning Lab activities and group work. Some participants mentioned that communication with some staff members was difficult. There were also several positive comments regarding the Learning Lab, in which participants mentioned they were not disappointed with the Lab.

• Unengaged Colleagues (8)

I thought there would be a focus on destroying the thought process that makes us separate ourselves from each other.

The unwillingness of some staff to look at how this info and equity could benefit them and the program.

People in our group who didn't want to be there, disappointing. In times I was unclear on exactly how this would all come together and how we would make an impact in CSHCS, but in the end it all came together. So it was personal and not due to the learning labs, maybe clarify to people it's ok if they don't get at it first.

The lack of communication within each group and the whole. Mostly though is how many staff still do not listen nor allow others to have own thoughts.

Lack of interpersonal interaction.

Lack of participation by some group members.

Lack of communication and preconceived notions effected the outcome of the group.

Non-participation of some people.

• Positive Feedback (6)

End was the best and most productive. My group was great, and the learning lab was a great experience.

I do not believe that it failed my expectations. In fact, it achieved the objectives and allowed me to see situations from a variety of departmental perspectives.

The best component of Prime. The pre-1 lab sessions could be omitted

I am very impressed with the learning labs.

It was very helpful

No disappointment or failure because I came into this to learn what equity was about.

• Facilitation (3)

I was severely disappointed in the approach taken by the leaders/facilitators of the sessions. If one disagreed with the angry person one(?) was ostracized. The ego's present prevented discussion. I was terribly disappointed in the failure to define objectives, to relate the objectives to my job, to appreciate that the levels of education and experience was so vast, that understanding of what we are doing or attempting to do was so

far above the level of knowledge of a large segment of the group.

Everyone was not free to participate, feel valued or safe. It was quite confusing and disappointing at times.

Presentation, attitude from presenters and making people feel less than peers/co-workers. This has made staff issues with each other worse in the division.

- **Needed More Time (2)**

Not enough time "outside" designated times. The expectation of members was not provided ahead of time and made it difficult to coordinate after the sessions began.

Some sessions felt rushed because of time barriers.

- **Felt Confused (2)**

It was too long, sometimes seem to get lost in all the information.

How does any of this relate to infant mortality.

- **Other (6)**

Should not be called practices to reduce infant mortality through equity. Should focus more on different types of inequity than racial.

The last session (today) was hard to hear others.

The series of meeting dates seemed to impinge on my time.

Was more willing to be here when there was discussion and info from various people/areas of MDCH.

I was hoping to build on bridging a gap between LHD and the state.

N/A

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

Summary: Participants listed a variety of ideas to make the Learning Lab more successful. Some staff suggested re-organization of the Learning Lab (breaks, schedule, content). Others suggested including more time with managers in the staff Learning Lab.

- **Workshop Logistics (5)**

Food in every lab and 15 minute breaks per 4 hour labs.

Food in every lab and more breaks.

Having less morning labs.

An amplification/P.A. system

Shorter meetings.

- **Management Involvement (4)**

More time. More interaction in later sessions with leadership.

Group sessions with the managers.

If the managers were in every meeting it would help us be on the same page.

I think bringing the heads of departments in last was a great idea because it would have shifted our progress and any conversation we continued to build on. You should consider taking your show on the road.
:-) Bravo

- **Alter Workshop Content and Focus (2)**

1. Define health equity. 2. Define the framework with concrete, observable terms 3. Give concrete examples of how this framework is different from what is currently done. 4. To have some real

idea of how one views health inequity is a part of racial or social injustice 5. Develop a means of relating this concept of inequity to the political world we are forced to work within 6. Give an understanding of how difficult it will be to alter the culture of the political world or determinants of priorities.

Geared towards later assignments.

- **Group work (2)**

Working in teams was difficult, maybe holding people accountable in the groups would create better cohesiveness. Our environment was hostile, 25 people did not contribute and left the others to pick up the group tasks.

Group work

- **Better Understanding of Staff (2)**

Being realistic with staff expectations. Much work to do, but only a few willing to take on added responsibility. Not my job mentality in the office.

more open mind frame of the staff, maybe mix more volunteer participants with mandated participants.

- **Communication (2)**

Better communication with team members.

?

Better Communication.

Find a way to stop the same people from talking, good luck!

- **Negative Staff Attitudes (2)**

Unfortunately, what would make this more successful is not within the learning lab, but within the individuals who came here with a closed mind and negative attitudes.

I feel that the information provided was successful.

Instead of an atmosphere of negativity, perhaps demonstrating what we all have in common is a better and more positive approach.

Not sure. Interaction with others wanted to be here better than those who felt above it all.

Keep in touch with everyone perhaps in 2 months send out an update for a follow up meeting to be done within 3 months. This would evaluate effectiveness, feasibility, etc. Thank you for inviting us.

- **Other (5)**

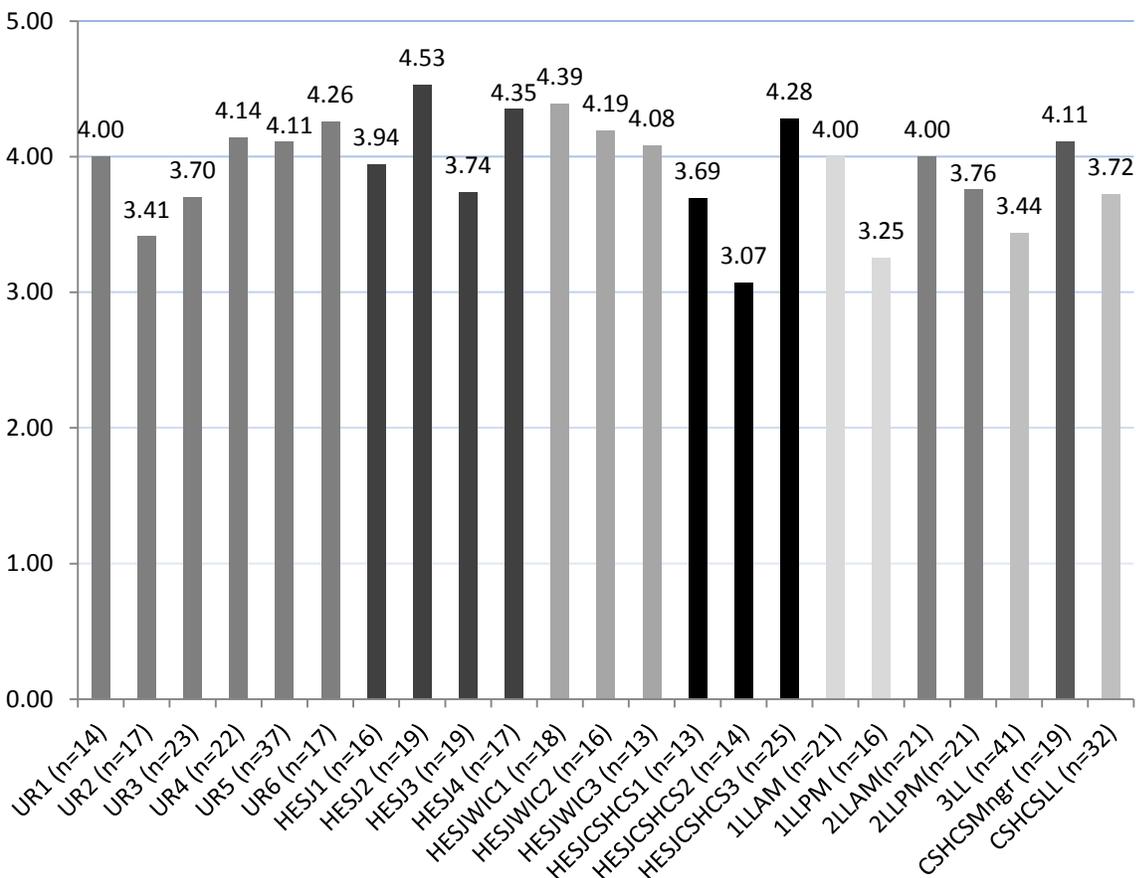
**On a five-point scale, how useful was this learning lab for your work?
Circle one answer:**

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

Mean Rating for the CSHCS Staff Learning Lab: 3.72
 Mean Rating for the CSHCS Manager Learning Lab: 4.11
 Mean Rating for the Health Equity Learning Lab (LL) 1: 3.68; LL2: 3.84; LL3: 3.44
 Median Rating for all PRIME workshops: 4.00
 Standard Deviation: .99 (CSHCS Manager LL: .99)

Comparison of this Mean Usefulness Rating of the CSHCS Staff Health Equity Learning Lab with Mean Usefulness Ratings among 23 other PRIME training events:

Mean Usefulness Score



14. 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	15.6%	37.5%	46.9%

46.9% of the participants would recommend this Learning Lab without reservations. Comparison of the percent of participants who would recommend this CSHCS Staff Health Equity Learning Lab without reservations with percent recommendations no reservations among 23 other PRIME training events:

Percent Recommend With No Reservations

