Evaluation Report for Practices for Reducing Infant Mortality through Equity (PRIME)

Thomas M. Reischl, PhD
Allison Krusky, MPH

Prevention Research Center of Michigan
University of Michigan School of Public Health

Submitted to the W. K. Kellogg Foundation
July 2015

Kellogg Evaluation Report
Dates: June 1st, 2014 through May 31st, 2015

1. **To what extent did the project activities change the administrative practices and policies of the agency and other organizations? How engaged were agency leaders, organization staff members, and other key stake holders in the process of developing and implementing new strategies and practices to improve birth outcomes and reduce racial and ethnic disparities? Please describe.**

Administrative Practices and Policies

Bureau of Family, Maternal and Child Health (BFMCH)

The Evaluation Work Group completed a final evaluation report titled, "PRIME (Practices to Reduce Infant Mortality through Equity) Program Outcomes: Perspectives on Changes in Organizational Policies and Practices" in May 2015. This report highlighted the findings from two focus groups held with the PRIME Steering Team members and Bureau of Family, Maternal and Child Health (BFMCH) staff. During these focus groups participants reflected on the PRIME project activities and the changes in the administrative practices and policies that have occurred within BFMCH (housed within the Michigan Department of Community Health, now called the Michigan Department of Health and Human Services) that could be attributed to the PRIME Project.

The two focus groups had participants who had perspectives from different areas of BFMCH. The PRIME Steering Team had participants who could evaluate higher-arching organizational changes in policies and in some practices. The BFMCH management focus group participants had more exposure to changes within staff's day to day practices. The two focus groups complimented one another to obtain a more thorough view of changes throughout the BFMCH organization.

The PRIME Steering Team focus group discussed activities that had occurred within BFMCH that catalyzed the changes in policies and practices. These activities included:

- An organizational assessment to gather information on Division staff's understanding of health equity within their Division and BFMCH
- Multiple trainings on health equity; development and implementation of a hands-on curricula;
- Expert analyses on how to build organizational capacity to reduce racial health disparities;
- Focused data collection efforts on Native American maternal health;
- A collaboration with local health departments
- The dissemination of PRIME products and lessons learned through state and national conferences and the PRIME website

It was in part due to these PRIME activities that the PRIME Steering Team focus group participants credited the changes that occurred within the organization's policies and practices. Changes to policies and practices included:

- Changes to mission statements, vision statements, and hiring questions to include a strategic priority of addressing health equity
- Grants distributed by BFMCH include health equity as a component
- BFMCH developed new collaborations with Local Health Department staff and tribal councils representing several Michigan Native American tribes.
- Development of a survey that is culturally appropriate for Michigan's Native American populations. This survey will provide BFMCH and other Michigan Department of Health and Human Services staff with valuable information regarding the health needs of Native Americans. This survey is planned to be distributed every 2-3 years.
- Developing recruitment guidelines that are adapted for each service area that provides the home visiting program based on an established statistical method. This method provides more support for which populations face greater burden of inequities.
- Advisory Boards are being evaluated for membership diversity to match the diversity of the population served.
- Development of health equity workgroups. Continual meetings held within BFMCH now have health equity interwoven within the meeting agenda and discussions.

We would like to note one important change that is more difficult to classify, but is an equally important outcome and that is the noted change in organizational culture by participants in both focus groups. The PRIME trainings brought staff from various administrative units within MDCH together for joint planning and activities. During a focus group lead by the PRIME Project's Evaluation Director, staff members from two Divisions within BFMCH reported cultural changes within the Division. Staff mentioned discussing race before the training was uncomfortable, but after the trainings staff had more frequent discussions on race and that non-management staff would bring up race. As a result of vigorous group work during the Health Equity Learning Labs, staff noted that staff members who were typically shy and quiet now engaged with staff from multiple sections and even led some of the groups.

Other Organizations

Although the focus group participants described changes within BFMCH, the PRIME Steering Team focus group participants did reflect on the Local Learning Collaborative and other agencies within the Michigan Department of Health and Human Services as changes that occurred with other organizations. The Local Learning Collaborative (LLC) started meeting during the first year of PRIME. It originally included all of the Michigan Local Health Departments that had a Healthy Start program. The LLC has expanded to include other members since its' inception. This group has provided insight and advice for the PRIME Steering Team in developing products that would be applicable for the LHD and community. The LLC also helps to disseminate PRIME products and information through the LHDs and communities they serve. This collaborative provided an opportunity for LHDs across the state to share ideas

and provide support to one another as they try to address health equity issues. Members have exchanged initiatives and training ideas. Together, the LLC developed a booklet on the infant mortality reduction initiatives occurring among the partners. The LLC also has a page on the PRIME website to share their ideas to a broader audience.

Since 2013, the Local Learning Collaborative has updated the LLC objectives, focusing on new activities to meet these objectives. To decide on the direction of the LLC, member participated in a survey listing possible goals for the LLC. The top three objectives selected by the group:

1. Equity Orientation for Legislators: Develop a plan and strategies to educate Legislators on the business case for equity and how they can support equity work.
2. Historical Overview of Michigan (Racial Equity Scans) : Continue developing a historical overview of events, legislation, and court cases that occurred in Michigan and the United States. Each event directly relates to six social determinants of health (economic stability, safety, housing, education, health services, and social cohesion) and effects on American Indian and African American populations in Michigan. Continue development of infographics, presentations & templates and issue briefs.
3. Interview and Recruitment Practices: Identify and pilot use of health equity questions in the recruitment and interviewing process

These objectives were selected in October and the LLC has met to discuss movement on each of these objectives. The LLC is also discussing methods to recruit additional members. The LLC continued to serve as a platform to share updates on the PRIME project and to receive feedback. LLC members also shared with others on the LLC activities within their local health department or agency that they have been working on to improve health equity.

Besides the LLC, PRIME trainings included staff from other divisions (from within BFMCH and outside) along with community members (e.g. Staff from Local Health Departments). Our focus groups included participants from divisions that received more intensive PRIME intervention, however, we are unable to provide information on how or if staff outside of the main 3 divisions in the BFMCH changed as a result of the PRIME training. Other trainings not previously listed include two 2-day “Developing Culturally and Linguistically Appropriate Services (CLAS) Through the Lens of Health Equity,” workshops provided by the Health Disparities Reduction and Minority Health Section from April to August 2014. The Division of Chronic Disease and Injury Control held monthy forums on Health Equity for Division staff. As the PRIME project continues and expands to additional Divisions it will be important to note if any changes occurred due to some staff receiving PRIME training during the first PRIME project iteration.

Meeting summaries for the Steering Team, Intervention Workgroup, Evaluation Workgroup, Native American Ad-hoc Data Team and the Local Learning Collaborative are provided in Appendix A.

Leadership, Staff Members, and Key Stakeholder Engagement

The PRIME Project Manager and the HDRMHS manager met with a leader of the Division of Chronic Disease and Injury Control to discuss coordinating health equity efforts within the Department. The goal of the two meetings was to reflect on each of the respective projects and develop coordinated efforts to advance health equity and social justice through public health at the state level. Partners that had provided equity consultation and training from outside of MDHHS also participated in the meeting. Participants discussed a focus question and presentations that summarized health equity work within the Department. This was an opportunity for attendees to open dialogue regarding how the work currently being done in the Department could lead to next steps.

In 2014, MDHHS engaged staff (inclusive of PRIME Steering Team members) at various levels of the organization to develop a set of goals related to workforce diversity, workplace inclusion, and sustainability. Integrated within the goals are strategies to engage leadership, develop accountability, develop measurements, and establish training components that meet the needs of the organization. Draft recommendations were submitted to leadership in March 2015. Following the DCH/DHS merger, the Diversity Committee consulted with former DHS staff regarding the proposed recommendations and the existing DHS diversity plan. The committee is currently awaiting direction from DHHS leadership regarding next steps. Possible next steps include: combining the two plans or use the two plans as input into a new/revised plan.
Leadership, staff members and PRIME Steering Team members have engaged in several PRIME sponsored trainings. Leadership including the Deputy Director of Population Health and Community Services, Director of BFMCH, Division Directors, and Section Management attended sponsored training and have continued to encourage staff to include health equity within their day to day work.

Staff members who attended PRIME Learning Labs continue to work on their Learning Lab work plans. The Learning Labs aimed to move staff from knowledge to action by providing the opportunity to identify an opportunity within their work to apply health equity principles. Participants worked in groups to develop work plans that they could address to promote health equity. The PRIME Learning Labs Staff members receive support from their supervisors to work on these health plans. Additionally, two Division Directors along with management and staff representatives and evaluation workgroup members have committed to a Quality Improvement process of the Learning Lab projects. These leaders and staff members plan to attend multiple trainings with the Michigan Public Health Institute on how to conduct a Quality Improvement process (Plan-Do-Study-Act) within their Divisions. At the end of this process, the leaders and staff members will have a plan to improve how staff members are able to implement their Learning Lab work plans.

PRIME Steering Team members from outside BFMCH continue to be involved in Steering Team meetings and in the PRIME project's decision-making process. These key stakeholders include academics with expertise in health equity, and the Director of the Michigan Public Health

Institute (former Health Deputy of Ingham County).

The Health Equity Social Justice Coordinator from the Ingham County Health department again partnered with PRIME to discuss the development of a health equity learning lab for the Division of Family and Community Health. The HESJ Coordinator also presented the Health Equity Social Justice workshop in February 2015 to Bureau of Family, Maternal and Child Health staff who had not previously attended a HESJ workshop.

The Native American consultants continued to be engaged in the PRIME project by co-authoring on a manuscript with members on the Evaluation work group. The Native American consultants have met several times and provided input on the manuscript. The Director of the Inter-Tribal Council is integral member of developing and interpreting data from the Native American PRAMS survey.

The PRIME project has continued its collaboration with the University of Michigan Office of Public Health Practice to develop a website to house the final publications from the first phase of PRIME. PRIME members and UM OPHP staff have held several meetings to discuss the style of the website, the functionality, and the best manner to present the final documents.

The PRIME project posted 11 podcasts on the PRIME website regarding health equity topics within the State department and best practices used by local health departments and the Native American partners at the Inter-Tribal Council of Michigan. Collectively, the webcasts had 964 views as of May 2015. For individual webcasts, total views ranged from 35 to 197 views with an average view of almost 88 views. These webcasts are managed by PRIME partners at the Michigan Public Health Institute.

2. How effective were the project's technical assistance and training activities? In addition to counts of training sessions, numbers trained and curriculum documents, what other evidence is there that staff members are using the techniques and information provided through their training?

Technical Assistance and Training Activities

During this reporting period, the PRIME project held a Health Equity Social Justice workshop for Bureau of Family, Maternal and Child Health (BFMCH) staff who did not have the opportunity to attend previous HESJ trainings (e.g. work conflicts) or those who recently joined BFMCH. The Deputy Director of the Population Health and Community Services Administration and the Director of BFMCH also attended. There were 26 participants who attended the HESJ workshop. An evaluation report for this workshop is attached in Appendix B.

PRIME partnered with consultants from the Inter-Tribal Council of Michigan and members of the Grand Traverse Band of Ottawa and Chippewa Indians to present a workshop on Michigan's Native Americans. The Native American History, Culture and Core Values Workshop was

designed to provide participants with an introduction to the history and culture of Michigan's Native Americans – the Anishinaabek, which include the Ojibwe, Odawa and Bodawatomi Nations. The workshop was designed to help participants gain an awareness of Native American history and its impact on the lives and health of Native Americans today. The workshop also provided participants with Anishinaabek Cultural Teachings and a greater understanding of the cultural context and practices related to pregnancy, birthing and parenting. The workshop occurred in the summer of 2014 for staff of the Children's Special Health Care Services Division and Division of Family and Community Health.

The PRIME Steering Team is working with the Division of Chronic Disease and Injury Control to replicate PRIME Learning Lab for their Division. Staff within the Division of Chronic Disease and Injury Control will attend HESJ trainings before beginning the PRIME Learning Lab. PRIME staff and Division of Chronic Disease staff continue to have meetings to plan for these trainings. The PRIME Project Manager held discussions with the Medicaid Managed Care section to also replicate the PRIME Learning Lab and attend the HESJ workshops.

The PRIME project has partnered with the Michigan Public Health Institute to conduct a Quality Improvement process of the PRIME Health Equity Learning Lab. The Division Directors of the Divisions that attended the PRIME Health Equity Learning Labs attended a training focused on the Quality Improvement process along with selected management and staff. Two members of the Evaluation work group and the PRIME Project Manager also attended the training session. This full-day training session was the first step in developing a quality improvement plan for the process of the Health Equity Learning Lab workplans development and implementation.

3. To what extent the project activities impact various measures of social determinants of health and/or racial inequities in target communities in Michigan? Please describe.

PRIME is a part of a larger initiative within MDHHS to reduce infant mortality. The Governor made reducing infant mortality a priority for the state and MDHHS convened a summit in 2011 that included a variety of stakeholders. Initially eight strategies were identified and one of which was to weave addressing the social determinants of health into all strategies. Recently, the strategies were revisited and the Infant Mortality Advisory Council that oversees implementation of the strategies has highlighted the fact that infant mortality is an overall indicator of health for our population in Michigan. Now, health equity, disparities, and social determinants of health are at the forefront of the Infant Mortality Reduction Plan and is now the number one strategy.

MDHHS staff have participated in the Health Resources Services Administration's Collaborative Improvement Innovation Network (COIIN) to Reduce Infant Mortality since 2014. CoIIN is a public-private partnership to reduce infant mortality and improve birth outcomes. Participants learn from one another and national experts, share best practices and lessons learned, and track progress toward shared benchmarks. In 2014, the BFMCH Director, DFCH Director and

PRIME Project Manager participated on a CoIIN initiative for Region V states to address social determinants of health as a strategy to reduce infant mortality. Region V's AIM Statement was to develop and begin implementation of a Statewide Action Plan that incorporates evidence-based policies/programs and place-based strategies to improve social determinants of health (SDOH) and equity in birth outcomes. This year, states from around the country were invited to join the SDOH workgroup and now there are 24 states participating. Each state is in the process of identifying their strategy. In May 2015, the PRIME Project Manager was asked to present on PRIME to the CoIIN Social Determinants of Health Workgroup. HRSA promoted the use of the World Health Organization Framework for Tackling SDOH and recommended strategies for the SDOH Learning Network. The DFCH Director has been a leader in a subgroup of the CoIIN to develop a tool for state-level public health departments/organizations to assess organizational capability to address social determinates of health and advance health equity. A draft of the tool will be shared at an in-person meeting to be held in Boston, MA the end of July.

Appendix A

STEERING TEAM (22 members)		
Meeting Dates	**Number of Participants**	**Meeting Objectives**
June 2, 2014	14	• Project Status Update a. Kellogg Proposal • Dissemination a. Recent Media/Dissemination • New Business a. Video- Learning Activity • Old Business a. Health Equity Learning Labs for Staff and Managers • BFMCH Division and HDRMH Updates • Workgroup Updates a. Evaluation b. Intervention c. Local Learning Collaborative d. NA PRAMS Survey e. Website Development • Announcements/Information Sharing a. Summit on Race & Inclusion • Next Steps
July 14, 2014	11	• Project Status Update a. Kellogg Award • Dissemination a. Recent Media/Dissemination b. Discussions with North Carolina Department of Health & Human Services and HRSA/Mississippi's MCH Director • New Business a. Health Equity Learning Labs Pilot with CSHCS Staff & Managers b. Health Equity Learning Labs Evaluation Results c. Native American History, Culture & Core Values Session • Old Business • BFMCH Division and HDRMH Updates • Workgroup Updates a. Evaluation b. Intervention c. Local Learning Collaborative d. NA PRAMS Survey e. Website Development • Announcements/Information Sharing • Next Steps

STEERING TEAM (22 members)		
Meeting Dates	**Number of Participants**	**Meeting Objectives**
August 4, 2014	14	• Project Status Update a. Kellogg Award • Dissemination • New Business a. PRIME Curriculum Guide & White Paper (Practices to Reduce Infant Mortality through Equity: Recommendations for State Health Departments. Lessons learned for transforming public health through education and action) b. Native American History, Culture & Core Values Session- Evaluation Results • Old Business • BFMCH Division and HDRMH Updates • Workgroup Updates a. Evaluation b. Intervention c. Local Learning Collaborative d. NA PRAMS Survey e. Website Development • Announcements/Information Sharing • Next Steps
September 8, 2014	13	• Introductions • Project Status Update a. Kellogg Grant • Dissemination a. Mississippi Dept. of Health presentation b. WIC Coordinators Meeting- November 19 and 20 • Discussion a. Logic Model and Progress to Date- Tom Reischl b. What have MDCH staff found useful from the equity trainings? c. PRIME white paper/toolkit • Old Business • BFMCH Division and HDRMH Updates • Workgroup Updates a. Evaluation b. Intervention c. Local Learning Collaborative d. NA PRAMS Survey e. Website Development • Next Steps

STEERING TEAM (22 members)		
Meeting Dates	**Number of Participants**	**Meeting Objectives**
October 6, 2014	13	• Introductions • Project Status Update a. Visit with Mississippi State Department of Health • New Business a. PRIME 2014-2015 Work Plan • Old Business a. PRIME White Paper & Toolkit • BFMCH Division & HDRMH Updates • Workgroup Updates a. Evaluation b. Intervention c. Local Learning Collaborative d. NA PRAMS Survey e. Website Development • Announcements/Information Sharing • Future Meetings/agenda items
November 3, 2014	15	• Introductions • Project Status Update • New Business a. Native American PRAMS Update/Data • Old Business a. PRIME White Paper & Toolkit b. PRIME 2014-2015 Work Plan c. Health Equity Learning Labs Evaluation Comment • BFMCH Division and HDRMH Updates • Workgroup Updates a. Evaluation b. Intervention c. Local Learning Collaborative d. NA PRAMS Survey e. Website Development • Announcements/Information Sharing • Future meetings/agenda items

STEERING TEAM (22 members)		
Meeting Dates	**Number of Participants**	**Meeting Objectives**
December 1, 2014	13	• Introductions • Project Status Update a. Maryland Department of Health and Mental Hygiene b. National Governor's Association • Old Business a. PRIME 2014-2015 Work Plan b. PRIME White Paper c. PRIME Toolkit • Learning Activity • BFMCH Division and HDRMH Updates • Workgroup Updates a. Evaluation b. Intervention c. Local Learning Collaborative d. NA PRAMS Survey e. Website Development • Announcements/Information Sharing • Future meetings/agenda items
January 12, 2015	11	• Introductions • Project Status Update • New Business b. PRIME Guide for Public Health Professionals • BFMCH Division and HDRMH Updates • Workgroup Updates f. Evaluation g. Intervention h. Local Learning Collaborative i. NA PRAMS Survey j. Website Development • Announcements/Information Sharing • Future meetings/agenda items

STEERING TEAM (22 members)		
Meeting Dates	**Number of Participants**	**Meeting Objectives**
March 2, 2015	8	• Introductions • Project Status Update a. Kellogg Reports b. No-cost extension c. APHA Abstract d. HESJ Workshop e. Meeting with Sue Moran f. Meeting with Deb Tews g. National Governor's Association • Old Business a. PRIME Companion Documents b. PRIME II Work Plan & Next Steps • New Business a. Infant Mortality CoIIN SDOH update b. CoIIN SDOH Scorecard • BFMCH Division and HDRMH Updates • Workgroup Updates f. Evaluation g. Intervention h. Local Learning Collaborative i. NA PRAMS Survey j. Website Development • Announcements/Information Sharing • Future Meetings/agenda items
May 4, 2015	14	• Introductions • Project Status Update a. No-cost extension b. PRIME 1 Publications ▪ Distribution Plan • Old Business • New Business c. Merger/MDHHS d. PRIME II Work Plan & Next Steps a. Replication b. Leadership Training c. Sustainability e. Health Equity QI Team f. Meeting Schedule • BFMCH Division and HDRMH Updates a. HRSA IM CoIIN • Workgroup Updates f. Evaluation g. Local Learning Collaborative h. NA PRAMS Survey i. Website Development • Announcements/Information Sharing • Future meetings/agenda items

INTERVENTION WORKGROUP (9 members)		
Meeting Dates	**Number of Participants**	**Meeting Objectives**
July 10, 2014	8	• Meeting Minutes • PRIME Project Status Update • PRIME Toolkit & White Paper • White Paper/Curriculum Guide • Michigan Public Health Training Center • Native American Training • CSHCS Health Equity Learning Labs- Evaluation Results • Next Steps
July 28, 2014	10	• PRIME Project Status Update • PRIME Toolkit & White Paper • Michigan Public Health Training Center • Native American Training Update • CSHCS Health Equity Learning Labs – Evaluation Results • Next Steps
August 18, 2014	3	• Smaller group meeting to discuss edits to the Curriculum Guide
December 15, 2014	7	• Introductions • Review PRIME Guide for Public Health Professionals

Native American Ad-Hoc Data Group (6 Members)		
Meeting Dates	**Number of Participants**	**Meeting Objectives**
June 13, 2014	7	• Discuss Data • Bridged race • Data Use Agreement • Response Analysis
July 14, 2014	5	• Qualitative Follow-up • Bridged race • Next Steps • Analysis ideas
August 14, 2014	5	• Data Tables • 2012 Data • Pregnancy Intention • Michigan PRAMS- African American/Black Moms
September 30, 2014	4	• MI PRAMS data comparison with NA Data • Proposed comparisons • PRAMS/Epi staff
October 22, 2014	6	• Review MOU, DUA and PRIME Tables • Data Use Agreement • Final Narrative • Return on Investment • Fact Sheets
November 6, 2014	6	• Final Report format • Data Analysis • Fact Sheets • HE Status Report

EVALUATION WORKGROUP (4 Members)		
Meeting Dates	**Number of Participants**	**Meeting Objectives**
June 23, 2014	3	• Review meeting minutes 5/19/14 • Project Statue Update • Health Equity Learning Labs Evaluation • Native American Training Session Evaluation • Nurse Family Partnership Manuscript • UR & HESJ Workshop Findings/Manuscript • PRIME Toolkit/Curriculum Guide • Next Steps
July 21, 2014	4	• Meeting notes 6/23/14 • Health Equity Learning Labs Evaluation – Staff Comment • Native American Training Session Evaluation • Manuscripts • PRIME Toolkit/Curriculum Guide • Next Steps
September 3, 2014	4	• Review meeting minutes 7/21/14 • Steering Team Mtg • Health Equity Learning Labs Evaluation – Staff Comment • Manuscripts • PRIME Toolkit/Curriculum Guide • Next Steps
November 10, 2014	4	• Review meeting notes 9/03/14 • Health Equity Learning Labs Evaluation- Staff Comment • MDCH Logic Model Discussions • Manuscripts • PRIME Toolkit/Curriculum Guide • Kellogg Final Reporting Requirements • 2014-2015 Work plan • Next Steps
December 23, 2014	2	• Meeting minutes 11/10/14 • Manuscripts • PRIME Curriculum Guide • Kellogg Final Reporting Requirements • Next Steps
February 9, 2015	4	• Review meeting minutes 11/10/14 & 12/23/14 • Kellogg Final Report • Manuscripts • Next Steps
March 31, 2015	4	• Review meeting minutes 2/09/15 • Kellogg Final Report • Manuscripts • 2014-2015 Workplan
April 20, 2015	3	• Review meeting minutes 3/31/15 • Kellogg Final Report • Manuscripts • 2014-2015 Workplan

EVALUATION WORKGROUP (4 Members)		
Meeting Dates	**Number of Participants**	**Meeting Objectives**
May 18, 2015	3	• Review meeting minutes 4/20/15 • Report to Kellogg • Health Equity Labs and Organizational Assessment • QI Team • Manuscripts

LOCAL LEARNING COLLABORATIVE (18 Members)		
Meeting Dates	**Number of Participants**	**Meeting Objectives**
July 29, 2014	15	• Introductions • Review Meeting Minutes • Update on MDCH & PRIME activities • LLC Contracts • LLC Objectives & Activities • LLC Member Sharing • 2014 Meeting Dates • Agenda items for next meeting
October 9, 2014	16	• Introductions • Review Meeting Minutes • LLC Contracts • LLC Survey Results/Objectives & Activities • PRIME Website Updates • Update on MDCH & PRIME activities • LLC Member Sharing • 2015 Meeting Dates • Agenda items for next meeting • Meeting Assessment/Closure
January 29, 2015	16	• Introductions • Meeting minutes 10/9/14 • LLC Objectives and Next Steps • PRIME Website Updates (www.michigan.gov\dchprime) • Update on MDCH & PRIME activities • LLC Member Sharing • Items for future meetings • Meeting Assessment/Closure
April 23, 2015	12	• Introductions • Review Meeting Minutes • Detroit Institute for Equity in Birth Outcomes • LLC Objectives & Next Steps • Update on MDHHS & PRIME activities • LLC Member Question/Sharing • Items for future meetings • Meeting Assessment/Closure

Appendix B

Analysis of Health Equity Social Justice Workshop Evaluation Surveys: Bureau of Family, Maternal and Child Health

Allison Krusky, MPH Thomas M. Reischl, PhD

June 17 2015

1. What Division do you work in? ***(Check one answer.)***

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Division of Family & Community Health	13	50.0	54.2	54.2
	WIC Division	1	3.8	4.2	58.3
	Children's Special Health Care Services	4	15.4	16.7	75.0
	Other	6	23.1	25.0	100.0
	Total	24	92.3	100.0	
Missing	None	1	3.8		
	System	1	3.8		
	Total	2	7.7		
Total		26	100.0		

Most of the Health Equity Social Justice BFMCH participants were from the Division of Family and Community Health. The remaining participants worked in Children's Special Health Care Services, WIC or another Division not listed. Two participants did not work in an MDCH Division.

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Administrative/Management	4	15.4	16.0	16.0
	Program Analyst/Specialist/Consultant/ Coordinator	15	57.7	60.0	76.0
	Administrative Support (Secretary/General Office Assistant, Departmental Technician)	4	15.4	16.0	92.0
	Other	2	7.7	8.0	100.0
	Total	25	96.2	100.0	
	Missing	1	3.8		
Total		26	100.0		

The largest proportion of program attendees identified themselves as Program Analyst/Specialist/ Consultant/Coordinator. An equal number of participants identified themselves as Administration/ Management and Administrative Support. A select few identified themselves as an “other” position.

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	23	88.5	95.8	95.8
	Yes	1	3.8	4.2	100.0
	Total	24	92.3	100.0	
	Missing	2	7.7		
Total		26	100.0		

Almost all BFMCH participants were non-Hispanic.

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

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	White	17	65.4	70.8	70.8
	Black or African American	5	19.2	20.8	91.7
	Asian	1	3.8	4.2	95.8
	American Indian Alaskan Native/Black/White	1	3.8	4.2	100.0
	Total	24	92.3	100.0	
	Missing	2	7.7		
Total		26	100.0		

The majority of BFMCH participants were White (65.4%), with Black/African American (19%) as the next largest group. A select few identified themselves as Asian or multi-racial.

Pretest and Posttest Self-Rated Competencies

How much do you agree or disagree with the following statements about your level of confidence in successfully conducting these specific tasks?

I am confident I can…	***Assessment***				
	Pretest		***Posttest***		
(1= Strongly Disagree to 5=Strongly Agree) **(n=24)**	***Mean***	***SD***	***Mean***	***SD***	***Paired t-test***
4. Articulate an understanding of target identities and non-target identities.	2.96	.86	4.67	.48	-8.03*
5. Articulate an understanding of the four levels of oppression and change.	2.58	.78	4.67	.48	-10.48*
6. Articulate of the difference between health disparity and health inequity.	3.50	.98	4.63	.58	-5.56*
7. Articulate an understanding of social determinants of health.	3.54	1.06	4.67	.48	-5.56*
8. Articulate an understanding of cultural identity across target and non-target groups.	3.25	1.03	4.54	.51	-6.08*
9. Articulate an understanding of public health's historical role in promoting social justice.	3.50	.89	4.46	.51	-5.17*
10. Articulate an understanding of the root causes of health inequity.	3.33	.92	4.54	.51	-6.70*
11. Analyze case studies in a social justice/health equity framework.	3.17	.98	4.43	.59	-5.99*
12. Identify opportunities for advancing health equity at my workplace.	2.95	.95	4.27	.63	-4.81*

* $p < .001$

Participants showed statistically significant increases in all reported self confidence ratings in understanding social justice and health equity/disparities terminology, and in their ability to identify opportunities for addressing health equity.

Pretest and Posttest Content Knowledge Items

Please circle True or False or Not Sure for the following statements.

Knowledge Question	Correct Answer	n	Testing Period: Pretest	Testing Period: Posttest	McNemar's Test
13. Men are the "non-target" group for identifying gender oppression and privilege.	True	23	30.4%	100%	.000*
14. The experience of oppression and privilege can change frequently based on our target and non-target group identities.	True	23	78.3%	95.7%	.125
15. Nearly everyone experiences some form of unearned privilege, regardless of how hard they work to achieve success.	True	23	52.5%	78.3%	.146
16. One way health departments can address the social determinants of health is by promoting healthier eating habits.	False	23	17.4%	47.8%	.016*
17. The field of public health developed in response to social injustice brought about by the industrial revolution.	True	23	52.2%	87.0%	.008*
18. The social justice framework for public health practice suggests that health problems are primarily caused by lower-income individuals making bad health choices.	False	23	60.9%	73.9%	.453
19. The social justice movement in public health is an attempt to shift focus from health inequities to health disparities.	False	24	29.2%	41.7%	.453
20. The term "health disparities" refers to the underlying causes of "health inequity."	False	24	16.7%	29.2%	.375
21. Thoughts, beliefs, and values held by an individual are examples of the *cultural level* of oppression and change.	False	24	16.7%	54.2%	.004*
22. The *institutional level* of oppression involves rules, policies, and practices that advantage one cultural group over another.	True	24	87.5%	91.7%	1.00
23. The *personal* level of oppression involves actions, behaviors, and language.	False	24	8.3%	50.0%	.006*
24. Eliminating *interpersonal level* oppression involves change in community norms and media messages that reinforce stigma and negative stereotypes.	False	22	9.1%	68.2%	<.001*

* Statistically significant P Values <.05

Participants showed statistically significant increases in knowledge for 5 content knowledge questions. Pre-test scores ranged from 8.3% to 87.5%, with post-test scores ranging 29.2% to 100.0%. The question regarding men as the non-target group could not be tested for significance because all participants answered correctly. A comparison of BFMCH participants and MDCH (includes WIC, CSHCS, and DFCH Divisions) is listed in Table 1 below.

Table 1. BFMCH (N=24) Percentage of correct pretest and posttest responses and percent change compared to MDCH (n=150)

Content Knowledge Question	Pretest % Correct		Posttest % Correct		Percent Change	
	BFMCH	**MDCH**	**BFMCH**	**MDCH**	**BFMCH**	**MDCH**
Institutional Level of Oppression	87.5%	*26.6%*	91.7%	*95.5%*	4.2%	*68.9%**
Experience of Oppression	78.3%	*62.0%*	95.7%	*92.0%*	17.4%	*30.0%**
Social Justice Framework	60.9%	*73.2%*	73.9%	*83.9%*	13.0%[1]	*10.7%**
Unearned Privilege	52.5%	*50.7%*	78.3%	*73.0%*	25.8%[1]	*22.3%**
Public Health and Social Injustice	52.2%	*34.7%*	87.0%	*74.1%*	34.8%*	*39.4%**
Men "non-target" group	30.4%	*24.7%*	100.0%	*86.7%*	69.6%*	*62.0%**
Social Justice and Health equity	29.2%	*34.9%*	41.7%	*66.4%*	12.5%	*31.5%**
SDOH- Eating Habits	17.4%	*30.5%*	47.8%	*52.3%*	30.4%*	*21.8%**
Health Disparities	16.7%	*24.2%*	29.2%	*40.9%*	12.5%	*16.7%**
Cultural Level of Oppression	16.7%	*17.3%*	54.2%	*72.0%*	37.5%*	*54.7%**
Interpersonal Level of Oppression	9.1%	*7.8%*	68.2%	*62.7%*	59.1%*	*54.9%**
Personal Level of Oppression	8.3%	*5.2%*	50.0%	*60.8%*	41.7%*	*55.6%**

* Significant P Values <.05, McNemar's Test.
1. The difference of significance and non-significance for BFMCH and MDCH's percent change are due to the sample size of each group (BFMCH N=24 vs. MDCH N=150).

Workshop Evaluation Questions

25. In what ways will this workshop help you better address racial health disparities at your job? Please list your ideas of what you could do or would like to do in your job that is different from what you are currently doing.

Summary: Most participants described how they could see health equity awareness and changes occurring within BFMCH and also engaging in conversations at work about health equity. Several participants noted that the workshop helped them so be more empathetic to clients and less judgmental.

(26 responses)

Include Health Equity Ideas into Work (8)

We should be addressing racial health disparities at all levels and interactions of our daily work. This can be policies, procedures, diversity, as well as how we can impact this from a state level/down to a community level

There needs to be a cultural shift in the mindset of state government in particularly from us thinking "it is not us" but the community we need to change. Having more input from target populations would be a start.

We can check in on the 5 questions to ensure we are digging deeper when making decisions for families

I would like to help bring awareness to health inequities and help find ways to develop ways and procedures to address them.

This helps us better identify barriers that may prevent people from participating in our program.

Include more information/discussion of disparities, justice, equity in education about trauma.

Make sure to have a health equity framework in our program

Increased awareness of issues that impact social justice/health equity. As I think about Governor's vision for "River of opportunity", I will encourage a stronger message (and practice) on health equity framework as guide.

Advocate for health equity (5)

Speak up more frequently when racial health inequities are not being considered/addressed.

I would try to be more vocal about what I know is right and try to influence others.

Talking to other employees

Start conversations in workplace around this concept.

This workshop has helped me feel comfortable to be uncomfortable and have these discussions with other individuals. I would like to ask the questions we practiced on each topic that becomes visible to myself, my co-workers or people we serve.

Skills to Improve Interpersonal Interactions (5)

Open dialogue/listening

Interaction with my clientele is heavy on the phones. I need to watch my attitude about how they got into their situation. Careful use of voice tone.

I think the workshop will help me understand and not assume clients situation and not to be judgmental

Engaging in improved communication with my coworker so that their interpersonal communications improve for the benefit of

our program- so that we may better address racial health disparities within the population we serve

Not sure- listen better and address what needs to be questioned.

More Receptive (3)

Make me more aware of my surroundings and being more open.

Not judge- be open and understanding about what others face constantly

Going into meetings with an open heart and mind and having the power/tools from this workshop to make that difference

Encourage Participation in Health Equity Training (2)

Not sure- maybe encourage others to take class too?

Try to encourage others outside of Bureau to go through the training. Would like to have more of staff in public health admin participate in training.

Other (3)

I learned a lot but do not think that the people that I work with are open to change

Makes me more aware of privilege and power.

The idea of "power" reflects who I want to be in my role (supportive, etc).

26. Describe the most useful or valuable outcomes of this workshop.

Summary: Participants gained knowledge of health equity terminology such as privilege and target and non-target groups. This knowledge provided insight to some participants who previously were not aware of their privilege or power. Several participants enjoyed the group discussions and some mentioned that they felt better connected to coworkers after this workshop. Some participants noted having a better understanding of colleagues' background and past that was insightful.

(27 responses)

Health Equity Concepts and Terms (6)

The ability to identify the target/non-target groups and being more aware of those differences not just by "race"

Power- recognizing. championing.
The social determinants of health was great information to learn about.

I learned a better understanding of all concepts addressed in this workshop. I feel

Better understanding levels of oppression and levels of change

I think the target and non-target identities were very helpful. The activity where people were on the line was a very visual impact.

Beginning to grasp ideas about strategies for implementing change at several levels.

Group Sharing Life Experiences (6)

The personal stories were very impactful.

Hearing stories.

Group sharing/personal stories

I think the group discussion and listen to life experiences

The sharing that occurred resulting in self-reflection/introspection

Redefining power. Realizing my power in sharing my story and my experiences.

Feeling Connected with Other Staff (4)

Better interpersonal relationships with my peers and a comfort level discuss hard topics. Makes me more aware of the struggles of other target groups

The conversation included management. Often times we are asked to make a change on a grass roots level; however it needs to be both top/down- bottom up.

Connections to staff. Understanding their personal experiences was insightful to where they may be coming from

Developing relationships with colleagues.

Relate to Privilege and Power in Personal Life (2)

Learning that I had unearned privilege, that others have varying degrees of privilege but none of us/many of us weren't even aware of it- unless we didn't have it.

It is normal to feel guilty about privilege

Feeling Validated (2)

Validation.

Opportunity to listen with an open heart and mind so the work I am doing is validated

Other (7)

0

Val and Doak were great!

Everything! My entire outlook has changed and I understand so much more

Better understanding of where people came from and how different our experiences may have been.

Knowing how to begin or contribute to uncomfortable situations or/our interactions

Tools for dialogue. Scenarios/role playing.

I know how to use this information when moving forward.

27. How did this workshop improve your specific knowledge or skills you use for your job? Please list the specific areas of knowledge or skill development that improved.

Summary: Most participants responded that the workshop helped them in two ways: personally or within their work roles. Participants who reported personal changes mentioned improved communication skills and confidence to speak about health equity. Participants who reported that the workshop provided knowledge or skills in their work role noted an understanding of health equity and how they can think about health equity in the workplace.

(20 responses)

Communication Skills (4)

Communication, communication, communication

The ability to listen on a deeper level

I will listen more and strive to eliminate barriers

Primarily in listening

Health Equity Framework and Terminology (4)

Really gave me a framework to understand levels of oppression. Can now analyze situations to determine what is happening

Explaining the language so I can dissect processes (official or nonofficial) and programming to target meaningful changes.

Skills and knowledge to share among family and friends-open the conversation

As I think about Governor's vision for "River of opportunity", I will encourage a stronger message (and practice) on health equity framework as guide.)

Connecting Workshop with Work Role (3)

Raising awareness of underlying factors that impact our program (racism, classism, etc.)

It made me think of ways to reach out to our clients

It has influenced me to think more broadly and "outside of the box" in approaching power-struggle situations within in the workplace to promote more equitable practices.

Confidence to Address Issues (3)

Being more comfortable with(?) uncomfortable discussions.

It is ok to feel discomfort regarding my position/opinion, etc.

I will be able to address issues more confidently and in a proper manner

Other (6)

Not sure

Working to make change but not taking on too much

See previous page (Increased awareness of issues that impact social justice/health equity. Would like to have more of staff in public health admin participate in training.)

This workshop refreshed my energy re: social justice and encouraged me to stay connected to the community (people). Adding the word "Social Determinants" to charts, documents doesn't show true commitment to the root causes

Working with low income population. Perhaps a better understanding of why they are where they are.

Checking in, to ensure it's a decision based on fact not feeling when implementing change/creating policy

28. In what ways did this workshop disappoint you or fail to meet your expectations?

Summary: Most participants reported not being disappointed with the workshop, however, several participants did want to have more time at the workshop.

(21 responses)

Workshop Did Not Disappoint (15)

0 (2)

Absolutely nothing. It was great!

None.

NA (5)

I was not disappointed (2)

It didn't disappoint/fail- it was a wonderful, insightful 2.5 days

Great workshop

Better than I expected. It was great.

All of the content and dialogue was phenomenal.

More time (5)

2 1/2 is not enough

More time

perhaps more time on the 3rd day

I wish we could have done the full training (not your fault)

Maybe extend 3rd day to hold more discussion with co-workers to apply concepts.

More Beverages and Snacks (1)

My only complaint would be about the food and beverages, possibly more substantive food in the future, and coffee/tea/water available in the afternoon

29. What would have made this workshop more successful?

Summary: Most participants enjoyed the workshop and wanted the workshop to have more time to continue discussions and to learn more. Participants also suggested changes or concerns about the group composition of the workshop participants.

(24 responses)

Make the Workshop Longer (10)

More time on the 3rd day. More time to practice strategies.

More time for this workshop instead of just 2 1/2 days

More time (5)

The full training

Continue small group dialogue- longer time for that

I would have liked to dig even deeper!

No Recommended Changes (5)

Great workshop

Better than I expected. It was great.

Keep it the way it is

Nothing I can think of.

0

Group Composition (4)

A question that was raised is whether having team members/supers here with me was harmful- I didn't feel it was harmful. But did they feel comfortable sharing?

Having individuals that I work with attend. There wasn't a level of connection. I felt out of place in certain discussions/realizations

More diverse group (i.e., more men maybe?)

More managers attending- to hear and understand the messages. The cultural/institution at DCH has become very uncivil and toxic. B/W employees and employees to managers

Recognize Time Constraints of Participants (2)

So hard to be away from the office with work load piling up. I also realize that no time is a "good time."

2.5 days is probably too long for most individuals at my level or higher- would like an alternative format for executive leadership

Other (3)

Maybe provide suggested reading list before/after?

A more comfortable seating space. I know that's trivial, but those chairs made it hard to focus.

By having the State of Michigan incorporate it in all departments and training.

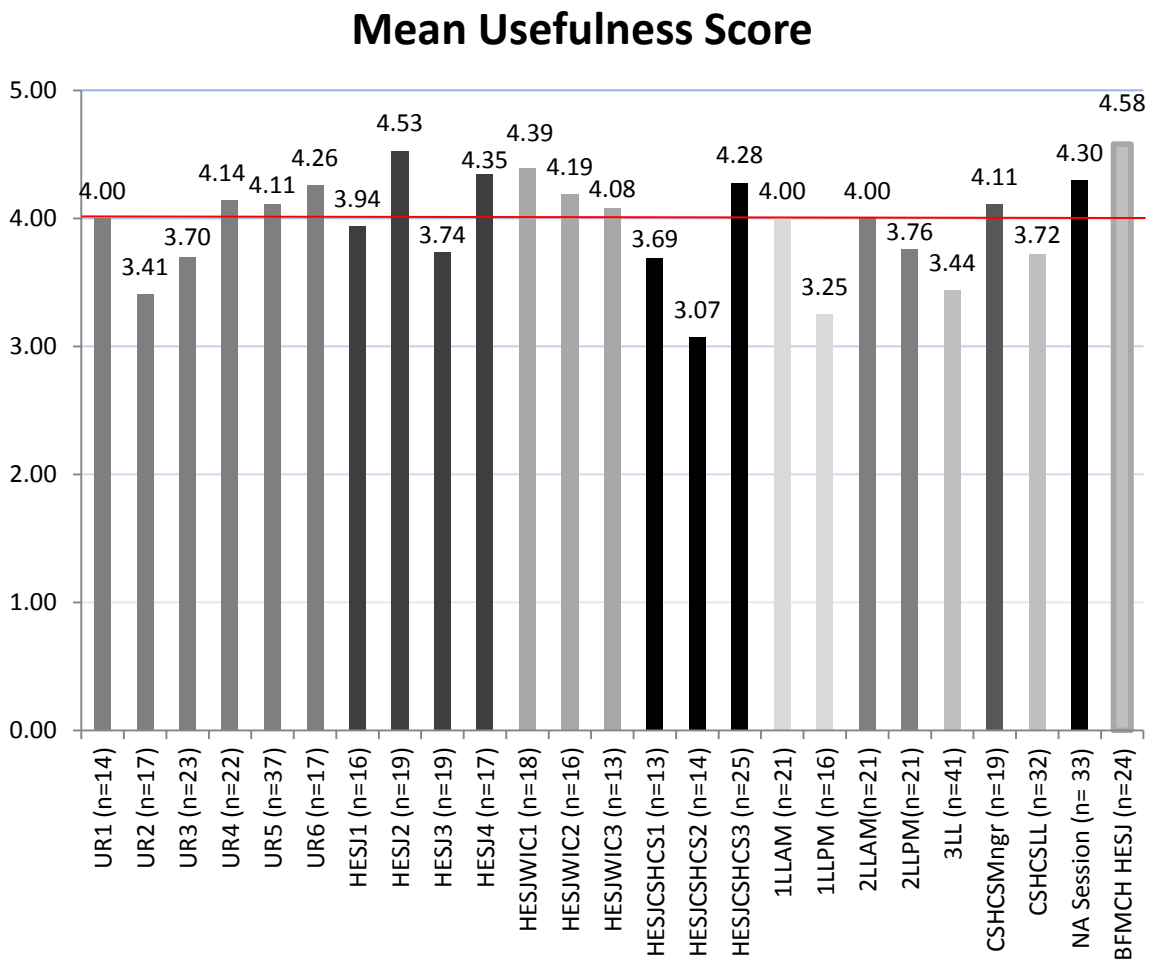
On a five-point scale, how useful was this workshop for your work?
Circle one answer:

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

Mean Rating for the BFMCH HESJ Workshop: 4.58
Standard Deviation: .58

Participants of the Health Equity Social Justice Workshop rated the usefulness of the workshop as 4.58 on a 5 point scale, with 1 being 'Not at all useful' and 5 being 'Extremely Useful'. This rating is higher than the average usefulness rating of 24 other PRIME trainings.

Comparison of this Mean Usefulness Rating with Mean Usefulness Ratings of 24 other PRIME training events is presented below. The red line represents the median rating (4.0) among the 24 other PRIME trainings:



30. If we offered this workshop again in the future, would you recommend it to a colleague? ***Check one answer:***

Response	❑ **No**	❑ **Recommend with reservations**	❑ **Recommend with NO reservations**
Percent	**0.0%**	**4.2%**	**95.8%**

95.8% of the participants would recommend this workshop without reservations. Comparison of the Percent Recommend with No Reservation with Ratings of 24 other PRIME training events is presented below. The red line represents the median percent recommendation without reservation (75.0%) among the 24 other PRIME trainings: