Analysis of Health Equity Social Justice Workshop Evaluation Surveys

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Workshop Date

Date of the workshop (MDCH Staff Only)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	8/15/11	17	23.0	23.0	23.0
	8/29/11	15	20.3	20.3	43.2
	9/19/11	24	32.4	32.4	75.7
	9/29/11	18	24.3	24.3	100.0
	Total	74	100.0	100.0	

The Health Equity Social Justice workshop was attended by 74 MDCH participants. There were an additional 13 participants from partnered community organizations. There were 4 Health Equity Social Justice workshops; each consisting of 2 and a half workshop days. There was a 2-4 week break between the first two days, ending with a half day follow-up session.

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

Job Title (MDCH Staff Only)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Administrative/Management	12	16.2	17.9	17.9
	Program Coordinator/Specialist	10	13.5	14.9	32.8
	Program Consultant	25	33.8	37.3	70.1
	Administrative Support	7	9.5	10.4	80.6
	Other	13	17.6	19.4	100.0
	Total	67	90.5	100.0	
Missing	System	7	9.5		
Total		74	100.0		

The largest proportion of program attendees identified themselves as a Program Consultant. There were roughly similar amounts of Program Coordinator/Specialists, Administrative/Management, and Other. Slightly fewer identified themselves as Administrative Support.

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

Main Division (MDCH Staff Only)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Division of Family & Community Health	55	74.3	80.9	80.9
	Division of Health Wellness and Disease Control	6	8.1	8.8	89.7
	Other	7	9.5	10.3	100.0
	Total	68	91.9	100.0	
Missing	System	6	8.1		
Total		74	100.0		

Note: Missing did not have pre-tests.

Most of the Health Equity Social Justice MDCH participants were from the Division of Family and Community Health. The remaining participants were split evenly between the Division of Health Wellness and Disease Control or Other.

Section (MDCH Staff Only)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Health Disparities Reduction and Minority Health	3	4.1	4.9	4.9
	HIV/AIDS Prevention and Intervention	4	5.4	6.6	11.5
	Women, Infant and Family Section	28	37.8	45.9	57.4
	Child and Adolescent Section	18	24.3	29.5	86.9
	Other	8	10.8	13.1	100.0
	Total	61	82.4	100.0	
Missing	None	3	4.1		
	System	10	13.5		
	Total	13	17.6		

Section (MDCH Staff Only)

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	Total	61	82.4	100.0	
Missing	None	3	4.1		
	System	10	13.5		
	Total	13	17.6		
Total		74	100.0		

Note: Missing- None are those who selected a MDCH Division but selected None for Section.

The largest proportion of MDCH participants were from the Women, Infant and Family Section, or the Child and Adolescent Section. There were several participants from the Health Disparities Reduction and Minority Health or HIV/AIDS Prevention and Intervention sections.

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

Hispanic (MDCH Staff Only)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	66	89.2	97.1	97.1
	Yes	2	2.7	2.9	100.0
	Total	68	91.9	100.0	
Missing	System	6	8.1		
Total		74	100.0		

Note: Missing did not have pre-tests.

Almost all MDCH participants were non-Hispanic.

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

Race (MDCH Staff Only)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	White	51	68.9	75.0	75.0
	Black or African American	12	16.2	17.6	92.6
	Asian	2	2.7	2.9	95.6
	Asian and White	1	1.4	1.5	97.1
	Other	2	2.7	2.9	100.0
	Total	68	91.9	100.0	
Missing	System	6	8.1		
Total		74	100.0		

Note: Missing did not have pre-tests.

The majority of MDCH participants were White (75%), with Black/African American (18%) as the next largest group. A select few identified themselves as Asian, multi-racial or 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 am confident I can… (1= Strongly Disagree to 5=Strongly Agree)	(n=82)	Pretest		Posttest		Paired t-test
		Mean	SD	Mean	SD	
4. Articulate an understanding of target identities and non-target identities.		3.25	1.10	4.64	.51	-9.91*
5. Articulate an understanding of the four levels of oppression and change.		2.62	.92	4.44	.74	-14.72*
6. Articulate of the difference between health disparity and health inequity.		3.43	1.05	4.38	.88	-6.97*
7. Articulate an understanding of social determinants of health.		3.72	.87	4.41	.73	-5.54*
8. Articulate an understanding of cultural identity across target and non-target groups.		3.03	.92	4.32	.72	-9.87*
9. Articulate an understanding of public health's historical role in promoting social justice.		3.28	.94	4.33	.78	-8.44*
10. Articulate an understanding of the root causes of health inequity.		3.54	.92	4.38	.69	-7.02*
11. Analyze case studies in a social justice/health equity framework.		3.12	.99	4.40	.60	-11.00*
12. Identify opportunities for advancing health equity at my workplace.		3.29	.85	4.29	.60	-9.36*

* $p < .001$

Participants showed statistically significant ($p < 0.001$) 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		P-Value
			Pretest	Posttest	
13. Men are the "non-target" group for identifying gender oppression and privilege.	True	80	28.8%	83.3%	<.001
14. The experience of oppression and privilege can change frequently based on our target and non-target group identities.	True	81	64.7%	92.6%	<.001
15. Nearly everyone experiences some form of unearned privilege, regardless of how hard they work to achieve success.	True	81	60.3%	69.1%	.327
16. One way health departments can address the social determinants of health is by promoting healthier eating habits.	False	81	38.8%	64.2%	<.001
17. The field of public health developed in response to social injustice brought about by the industrial revolution.	True	82	33.8%	82.4%	<.001
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	81	76.5%	88.2%	.077
19. The social justice movement in public health is an attempt to shift focus from health inequities to health disparities.	False	81	43.3%	76.1%	<.001
20. The term "health disparities" refers to the underlying causes of "health inequity."	False	82	27.5%	44.9%	.017
21. Thoughts, beliefs, and values held by an individual are examples of the *cultural level* of oppression and change.	False	81	21.2%	69.7%	<.001
22. The *institutional level* of oppression involves rules, policies, and practices that advantage one cultural group over another.	True	82	81.2%	97.1%	.007
23. The *personal* level of oppression involves actions, behaviors, and language.	False	82	7.2%	49.3%	<.001
24. Eliminating *interpersonal level* oppression involves change in community norms and media messages that reinforce stigma and	False	81	10.3%	64.7%	<.001

negative stereotypes.

Participants showed statistically significant ($p < 0.001$) increases in knowledge for 8 of 12 content knowledge questions. Significant increases in knowledge were not seen on questions regarding unearned privilege, the social justice framework, differentiating health equity and health disparities, and defining racism at the institutional level. Pre-test scores ranged from 7.2% to 81.2%, with post-test scores ranging 44.9% to 97.1%.

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: A majority of participants were able to provide ideas for ways that they could address racial health disparities, ranging from generic to detailed plans. Some ideas suggested included becoming advocates for social justice, increasing awareness by including trainings or presentations on social justice and changing how data is managed. The specific ideas suggest that participants were able to make connections between workshop lessons and apply them to their work setting. Participants also looked at ways to foster what they had learned by interacting and communicating with others about health equity.

(61 responses)

- **Share Knowledge of Health Equities**
Educate/share info with my staff, colleagues and the communities I serve

Continue to try and educate myself and others about health inequalities and SDOH

Share these experiences with others

- **Increase dialogue/communication**
More dialogue with appropriate management.

It gave me better ideas about how to start the dialogue and ensure that everyone has a voice.

integrate health inequity, privilege and oppression conversations with colleagues and dialogue into training

Encourage people to "ask me about health inequities" (button) and be prepared to do quick (and in-depth) conversation about it
 Communication with providers

Create dialogue around racism

Will utilize rules of dialogue to address racism.
utilize strategies in dialogue to promote "consciousness"

- **Increased awareness**
Pay attention to institutional and cultural racism that may be interfering with our

ability to adequately address health disparities

By bringing awareness within my work.

Make me more aware of racial disparities

heightened awareness of root causes of health disparities. How racism may impact access to services.

Be aware and recognize possible perceptions of actions

use an equity lens at all times

Keep the health inequity lens

Keep the issue on my mind

I will be able to understand injustice in the context of the four levels, making it easier to identify potentially successful intervention points

It will make me look first at how I deal with all people no matter what their issues or disparities are.

Reassess how I think, talk and treat others.

- **Address Policies/Procedures**

look at workplans, policies and procedures, RFPs to make sure we are considering the impact of racism.

Address in all our assessments
Identify if 1 of 4 levels of oppression are present.

making sure we are addressing root causes

Recommend changes in policies.

Policy development

Policy changes
Assessment of policies, programs/initiatives as they impact target groups
Support policies and resources that include this content.

infuse concepts learned into policies, procedures, programs, impr. plan, strategic plan and personal actions/though/beliefs

- **Community Engagement**

Build capacity among groups that do not traditionally get invited to the table or receive grant funding.

lots of ideas of tangible changes I can do/make associated with community action, capacity building and creation of ambassadors to address racism and social determinants of health

Raising awareness and input into development of work plans for programs I work with- -In consultation with community partner and program partner

Engaging community partners to start a dialogue on root causes

- **Change to health equity framework**

Utilize a different lens for confronting racial health disparities from a social justice framework incorporating strategies into

program that speak to health equity and social determinants of health.

- **Tools/Skills received from workshop**

this workshop provides the materials and skills to bring up the dialogue and thought process of racial health disparities

Toolkit of strategies to move forward

- **Collaboration**

Taking a team approach to addressing racial health disparities

engage others to develop allies.

Continue and expand efforts to bring representatives from "target" groups to the table to help.

- **Trainings/Workshops**

training, dialogue

Include racism as training topic- ongoing

Discuss the root causes of health disparities when given an opportunity to do so through meetings, trainings, work plans, etc.

include this discussion as a topic in every training and workshop

Staff training and supervision

Promote awareness to others.

Will be part of program trainings for providers

Include content in disseminated info, curricula, training sessions, etc.

Incorporate health disparity information in presentations (ie. as a presenter add as session when planning a conference)

Integrate SJ Framework to teaching.

trainings

- **Fund Health Equity Projects**

concentrate funds for projects that address disparities

address health disparities in workplans w/grantees.

- **Take Action**

More work toward direct action; activism

I will actively try to address inequities both in the work place and the community.

find a daily challenge

Address the issues of maternal mortality such as more black women dying within one year of giving birth.

will add requirement to contractual work plans

Gave ideas to help keep it present in my daily work

post visual images

Take a look at my presentations to make sure there are no language or other words/phrases/ideas that could be perceived as oppressive.

re-examine policies, trainings and interactions w/ external partners to ensure that health equity is increased.

Speak up more with my new language when I see contributions to health inequity

Applying an equity lens to all decisions/situations or "4 levels" analysis

Assure that I am incorporating the principles of equity and social justice into the technical assistance I provide to local communities.

always be mindful of what I've learned about here and practice it.
Silence is agreement; continue to be the voice of change.

Partake in activities that help law makers and the general public realize that health disparities is something that can be changed starting at the personal interpersonal and institutional level, and educating them on how to recognize it and putting together action plans to reduce health disparities.

- **Improve Data Management**

Look at data in terms of race/ethnicity in different ways. Make an effort to gather high quality data on race/ethnicity

consistently analyze data and policies to discover health disparities and develop actions to address them.

Collect more complete race/ethnicity data and make it available.

Better data and analysis of data as it applies to target groups.

Make work of our epidemiologist/scientist more useful, accessible to the general public as (a) public health information resource for public health undertaking(s)

- **Other Comments**

Review objectives for Rhd [racial health disparities?].

it was insightful to the issues, whereas previous to the workshop they were not even thought about.

Captured in group list [?] at the end

It's difficult to say because I am in a position that does not make decisions but follows directions given.

Identify potential for decisions made in deciding resource environments to [?] health inequity! Social disparity

Work to improve infant mortality in Michigan

Continue to always provide the best services available

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

Summary: Most participants listed either knowledge of racism and concepts surrounding health equity or high quality discussions (dialogue) as the most useful/valuable outcome of this workshop. While practicing the principles of dialogue, participants were able to work as a team to problem solve and further develop strategies to use in the workplace. Participants appreciated the opportunity to practice the workshops lessons through role play.

(65 responses)

- **Communication (Dialogue)**

Conversation (storytelling, sharing opinions, etc.)

Attempting to begin to have dialogue on tough issues.

When communicating my ideas and concerns, use information on how to approach individuals and groups.

The conversations and enactments were really interesting

Dialogue

Continuing to have dialogue with my colleagues

Continued discussion of social justice/health equity/social determinants of health

Input from others thoughtful, and intelligent people on a critical topic

Having the dialogue, being open to changing how we approach health inequities

discussions and assignments re: target vs. non-target groups

how to better communicate.

Moving the conversation from disparities to inequities

I really enjoyed hearing other people's ideas, experiences, and perspectives.

The conversation helped process how S.J. should be integrated in my work

- **Health Equity Terminology/Concepts**

Terminology

White privilege

useful conceptual frameworks to integrate into overall thinking- and thereby to more consistent and effective, appreciate

Understanding the 4 levels and how you can make change
learning about the 4 levels of oppression (defining them)

Refocusing of Health Disparities concept, 4 levels at SDOH

Framework (4 types of oppression) to actually use

Intent/Impact

providing these definitions related to health equity and social justice to provide a foundation for future departmental work.

understanding of the 4 levels of oppression and change.

Understanding of target and non-target groups.

The most valuable was a deeper level of understanding of the 4 levels of oppression and the increased ability to analyze

situations using the concepts to achieve a more favorable outcome.

The convening of the group- the people the tools you shared, time to dedicate to thinking about this issue

case studies/practice

The specific ways to respond to inequities...exploring these through scenarios and role play.

The role playing and strategies for influence

the role-playing case studies

Practice and assess strategies for engaging others at interpersonal level.

Role playing

Role playing on Day 3! Relevant to our work- not just "random " scenario!

Learning about four levels of oppression and change and addressing them in the workplace and activities

- **Increased awareness/knowledge**
Learning about the impact of lifelong racism on infant mortality rates

Unnatural causes video- increased my awareness of racism on African American births- poor outcomes the degree of the chronic stress

a raised awareness of health affects of racism on the population I am try[ing] to help

A greater understanding of social justice in public health

the experience of people of different cultures and how they are treated.

Raising awareness of health inequities and ways to work to eliminate.

Awareness of the root causes of health inequities

Awareness of the problems and how we can make an impact

More awareness of the nuances of racism Insight on minorities and what they face daily, which contributes to the health inequities we face.

different viewpoint and concrete ways to utilize new knowledge/awareness

The awareness

Somewhat better understanding

Understanding 6 core feelings and differences between target and non-target groups.

Most valuable outcome was the information.

Gain an understanding of health disparities and what are the root causes.

Racism is the cause for health inequity

Look at all my actions and behaviors.

- **Opportunity to Problem Solve**
mindful thinking and program planning

To begin to identify areas that I can address in my work to achieve an increase in knowledge of health inequities.

Ideas for how to engage individuals/groups in the consideration of root causes.

How we can improve things with our work

Opportunity to learn and explore the root causes of racism beyond just looking at the data, and how we personally can make changes.

Also what each person can do on an individual and institutional level to help change health disparities.

- **Workshop Aids**

Some great slides and presentations of how to think about emotions levels of oppression; diagram of root-social determinants- health.
Very accessible.

Slides and content

- **Workshop Tools/Strategies**

Tools and examples shared. Resources provided

Knowing that I can "try on" different strategies. Remembering the importance of both/and

Sharing of strategies to address inequities/disparities

tools/language for meaningful dialogue

Leaving with a plan/action steps to make changes and create an empowered/proactive approach

- **Facilitators**

Listening to Doak was very valuable. I feel like his presentation skills were powerful and engaging.
Having informed/well-versed facilitators to expand participant knowledge & stretch minds to look at things different.

and the workshop leaders.

- **See outside personal lens**

Helping me to think about health disparities through a health inequity/social justice lens

Learning from the perspective of others.

- **Energized/Empowered**

making me realize that I can use my privilege to confront many types of "isms"

Empowering the privileged to use their power to impact health inequity or mitigate potential negative impact in health inequity.

I also feel more empowered to advocate for change.

I now know what health disparities and inequities are and how I can implement change.

The workshop was very thought-provoking and re-instilled my desire to devote my career to promoting health equity and social justice.

Renewed enthusiasm for taking action

- **No Judgment**

Ability to talk freely

Created a comfortable environment with an uncomfortable topic

Did not leave the individuals feeling vulnerable.

- **Other**

worked w/structure! 2 1/2 days!

Everything

No more "but" to be used

still processing but...vast.
Started having participants think about how to incorporate the info learned.

Embracing or making room for discomfort

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: Participants listed improved knowledge in social justice and health equity, and in particular the '4 levels of oppression', terminology (eg. white privilege, non/target groups) and concepts. Participants reported that this increase in the foundational knowledge of health equity and social justice, along with conversational skills will help them when interacting with others and in making changes in their jobs.

(62 responses)

- **Knowledge: Social justice, disparities, inequity, oppression**

Enhance knowledge regarding disparities/inequities.

Detail social determinants of health (had general knowledge/reading in resource [?] background)

My knowledge of SDOH and presentation of true root causes.

racism as a root cause of health disparity-this was news to me.

Increased knowledge and awareness.

Information target groups.

I did not previously have the historical background/knowledge about disparities in our culture.

helped w/Health dis v. Health equity
More thorough understanding of the social determinants of health

Understanding levels of oppression

This workshop better defined the 4 levels of oppression and how they impact health outcomes such as infant mortality.

New knowledge of levels of oppression.

Increased level of understanding of 4 levels of oppression

Levels of oppression.

Four levels of change

4 levels, layers of social structure

Awareness of the four levels of oppression. Information [on] oppression

4 levels of oppression. (3)

understanding of the 4 levels of oppression and change.

Provided clear historical data related to actual system/government policies that have created great inequities.

Oppression

- **Ideas for Change**

Gave some possible action steps to continue promoting this.

I felt it provided more actions on how to make change.

Advocating for change when a program or policy is not very effective.

Will work to improve objectives and needs for program change.

I improved in many ways; especially gained better understanding of how public health information is/should be conveyed for gaining greater public support.

Better data and analysis of data as it applies to target groups. Assessment of policies,

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programs/initiatives as they impact target groups.

- **Tools/Skills to take action**

language use to bring up policy change

Looking at 4 levels to determine where/how change occurs

I have specific tools to use such as the 4 levels

The 4 levels of oppression will cause me to reflect on how I think & interact with others, and how I can help improve program delivery.

Identifying the difference between disparity and inequity -> now I can integrate the idea of inequities into how I frame data results.

Strategies.

Realization that this skill is continuously evolving and we do have some tools now

- **Conversation skills**

Talking across differences and speaking up even when it's uncomfortable
Skills in communicating health inequity concerns in the workplace

Skills and knowledge: Communicate cause/purpose of H. Equity work to leadership and how to be explicit with this work in addressing R/E health disparities.

non-confrontational ways to bring up conversations in meetings. big picture view of the purpose [of] uncomfortable conversations

use of dialogue

To gather tools necessary to start a conversation about inequities.

provide the languages for future + far reaching discussions

Role playing increased the skill/understanding of the value of collective dialogue.

Provide language to talk about the issues at work.

Additionally the ability to dialogue/open the dialogue regarding the SDOH and the root causes

Creating a dialogue

Discussing ways to talk with colleagues about
these issues.

Attempting to begin to have dialogue on tough issues.

listening with open mind, for intent and impact

- **Terminology/Concepts**

New terminology, definitions, concepts
Privilege. Target and non target

gave me new terminology for the same problems

greater understanding of terms and differences between terms and ideas

Understanding of target and non-target groups.

Terms and understanding

Target "Non-Target" < defining and acknowledging

Unearned privilege and intent/outcome

A skill that I am taking away is the Both/And concept and an [up arrow (increased?)] ability to articulate that in dialog.

useful conceptual frameworks to integrate into overall thinking- and thereby to more consistent and effective, appreciate)

Framework (4 types of oppression) to actually use. Renewed enthusiasm for taking action

Specific concepts were taught which helped to frame the context

It taught me a few new concepts/constructs that will help me both understand and articulate my beliefs to what is going on around me, others (e.g. four levels of oppression, intent vs. impact)

solidifying concepts of health equity to redirect and fine tune existing work.

- **Workshop provided practice**

The role playing was very valuable

The last group exercise helped in solidify what can be done

It was interesting in coming up with creative thinking on how to solve the scenarios we were presented within helping to come to a conclusion.

case studies were valuable tools in taking the leap from theory to practice

- **Self reflection on work role**

Made me think about what tasks I do in my job [and] where my power lies - even though I am not high-ranking

Look at me and what I bring to work. Be an example.

- **New perspective/awareness**

learned of the inequities that exist for all the programs in my unit

It helped me to see areas that I had not considered before.

Insightfulness across the board.

Looking at the specific actions of providers, people through the lens of health inequity.

Awareness of privilege.

I think I improved by becoming more aware of the health disparities the children of Michigan face

recognizing disparities for target group vs non-target group understanding how discrimination and racism adds to health disparities and infant mortality rates for African Americans who do all the right things before having a child (eat right, exercise, don't smoke) but still have low weight babies and other problems that can be contributed to discrimination and racism that causes stress to the body (even before childbearing age) that have an effect on infant mortality for African Americans. hearing other voices that gave new perspectives on prospective and existing issues

- **Other**

Hope to have better support at work.

Still having difficulty translating all this into my job

Makes me understand why infant mortality rates are so low- this helped put a lot into perspective for me.

use of "and"

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

Summary: Although quite a few participants reported not being disappointed in the workshop, there were a variety of suggestions to improve the session. The most frequent suggestions revolved around desiring more individualized ideas for change, and more open conversations. Other improvements included updating examples to have more recent events, adding more time, and addressing some privacy concerns (eg. Evaluation and target group exercise).

(45 responses)

- **Still have questions**

Third day seemed to have left things unanswered for me.

Did not address comments made in writing (except 1) at end of day 2.

Wondering what the next step will be

no solutions for existing problems that we've been struggling with for a long time.

- **Scheduling of the Workshop**

The timing, which is no one's fault- it came at a very stressful work time.

Really good not to afford to take this much time from job duties. Would have preferred a better time but understand....

- **Lower ranking position did not feel empowered**

Still feel powerless to make changes since not a manager. Will try to get economic support.

- **Workshop content/exercises**

Some beginning parts were redundant I've studied this a lot over the years so already had a lot of the info presented.

I would not have made participants circle their target/non-target group among co-workers for LGBT vs. Not groups

I believe the workshop could be "updated" with more recent history of social injustice.

- **Wanted more open discussions**

Did not fail expectations, but sometimes I don't feel the conversation was as genuine and open as it could've been.

It seemed rather "nice". I'm still not clear if the apparent lack of discomfort addressing touchy subjects was due to the nature of this particular group, the skilled facilitation, or the lack of really pushing the issues that tend to make people uncomfortable.

- **Was not disappointed**

None   (9)

N/A (8)

It didn't.   (2)

It did not disappoint me at all.

In no ways.

was not disappointed

did not disappoint.

0 Disappointment

0

- **Met/Exceeded Expectations**

It met my expectations.

was much better than expectations

Exceeded my expectations

- **Difficulty Sharing Terminology**

The only issue I have is when I discuss these concepts with others, who haven't had the benefit of these workshops, the term unearned privilege is very challenging. It has been suggested to me that "inherent privilege" is a more appropriate term, but I wonder if individuals are simply scared of losing privilege? They do not feel that they have not worked very hard for where they are in life.

- **Workshop length**

I'd love more- but realize the difficulty w/current time commitments

Wish it were longer.

Would have liked to do the 4 day training I heard about!

- **Not Attended by Everyone**

I am disappointed that my entire workplace is not able to attend this workshop. I hope you guys can get funding to offer this outside of Lansing.

- **Evaluation**

In order to solicit more honest opinions- evaluations should be confidential instead of attached to poster. This could affect reliability of the evaluation.

- **Other**

? (2)

(dash/negative sign with circle around it)

I feel as though I had a wall put up before I came in due to Undo Racism. The verbal abuse I experienced at Undo Racism made me distrust these trainings. This training slowly regained my trust- thanks!

ensuring a follow-up to the concrete ways recommended for institutional change

29. What would have made this workshop more successful?

Summary: There was a variety of suggestions to make the workshop more successful, although there was a portion who felt that the workshop was successful as it was. Some of the suggestions with the most respondents included adding more time to the workshop (although there were a few comments to shorten) and keeping the groups approximately the same size or smaller. Most responses were compliments of the workshop or facilitators.

(47 responses)

- **Group Composition**
Less people

Keeping the group small made this successful. About 20 people seemed just right. The previous "Undoing Racism" workshop with people Institute was too big...60 participants.

A proportion of target groups rather than primarily white women. Not sure how this could have been avoided.

Involve more from my agency and use examples applicable to the agency.

- **Workshop logistics**
more comfortable atmosphere- tables to put drinks on, take notes... I understand the circle concept, but hate it because it is physically uncomfortable
maybe held away from work location
Better facilities, more comfortable chairs/seating

Schedule was really rough considering participants' real life circumstances and lives (childcare, commuting, other work responsibilities.

- **Nothing**
Nothing (3)

Nothing. More than I expected.

No suggestions

N/A (5)

It was successful

I think it was fine the way it was

- **More time**
Simply need more time.

more time (2)

In a perfect world we would have had more time - 4 days.

Day 3- Dialogue should go until 3pm to allow more time to delve into solutions and next steps.

The 4 day workshop would have gone into more depth on some topics

More practice time with communicating. Pair up 1:1 and have everyone practice each roles.

- **Less time**
I would have preferred it to be shorter

I think the workshop was too long. I often start drifting off into my own world and not listening to the information.

- **Work versus personal experience**
I found the blurring of personal experiences and thinking about using what we learned at work to be confusing. It may be necessary but I wonder if it would be possible to have a more direct work-focused version.

Examples of how someone who does not see themselves in a position of power can

make change. It's sometimes hard to think of it myself.

- **Workshop Compliments**

Content was excellent.

was excellent
overall it was excellent, I can see why the additional days are important

It was outstanding and the facilitators did an

amazing job

'As is' -> excellent!

The workshop was excellent.

It created a safe environment to hold dialogue.

- **Compliments for the Facilitators**

Kudos to the interaction and dialogue demonstrated by the facilitators.

Great job! Excellent facilitators.

Facilitators were great.

Renee and Doak did a fantastic job presenting some very difficult info

- **Workshop Itinerary/content**

3rd day whole day to do more role playing activities

more movies

More tool focused/ideas for strategies in everyday conversations in addition to the workplace/institution

would have liked to see more info on other minorities (Hispanic, Arabic, Asian, etc.)

Richer conversation, dialogue

let's have a 6 month "check-up"

More work with professional change- but only if the workshop is longer

- **Other**

Not sure (2)

 ? (2)

A little more tolerance for the value of scientific input.

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 HESJ Workshop: 4.14
Mean Rating for the UR Workshop: 3.96
Standard Deviation: .85 (UR: .93)

Participants of the Health Equity Social Justice Workshop rated the usefulness of the workshop as 4.14 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 72 other professional training events.

Comparison of this Mean Usefulness Rating with Mean Usefulness Ratings of 72 other professional training events:
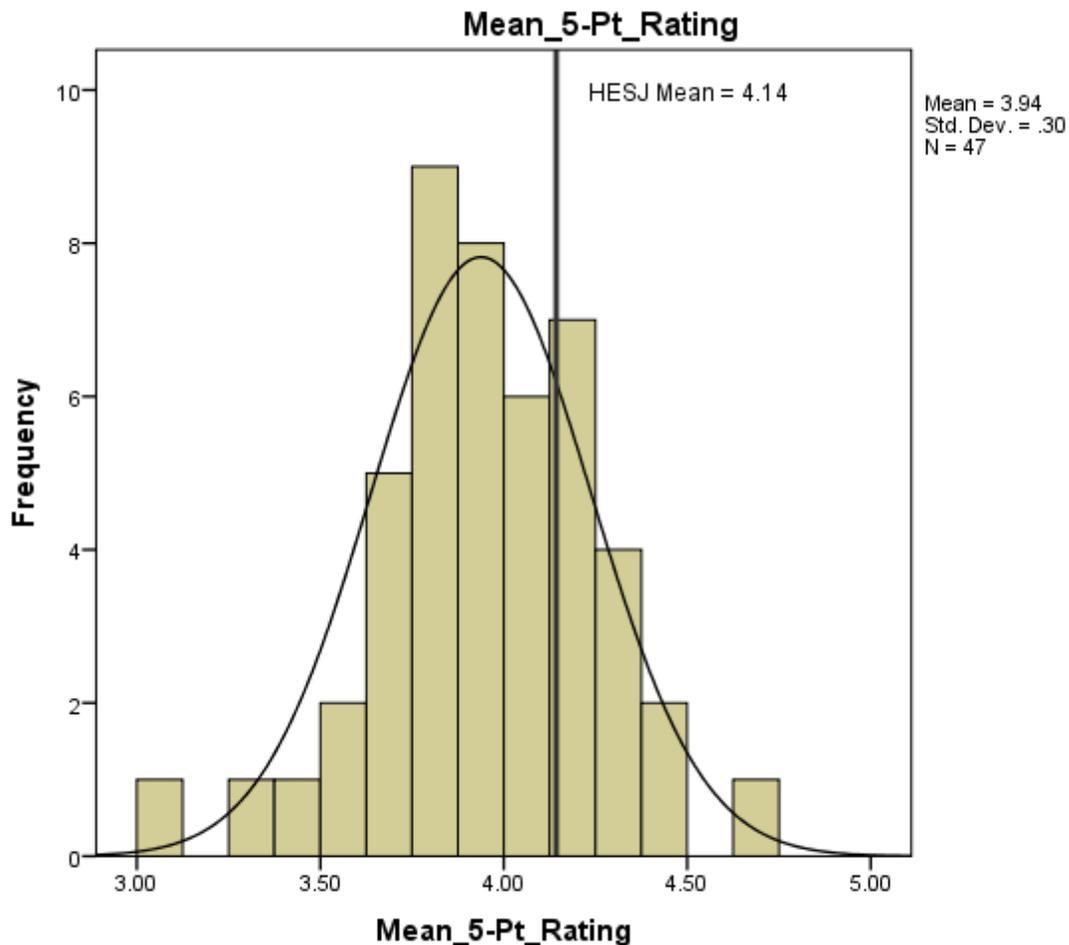
30. If we offered this workshop again in the future, would you recommend it to a colleague?   *Check one answer:*

Response	❑ No	❑ Recommend with reservations	❑ Recommend with NO reservations
Percent	0%	17.4%	82.6%

82.6% of the participants would recommend this workshop without reservations, versus 73.8% of Undoing Racism Workshop Participants.