Analysis of Health Equity Social Justice Workshop Evaluation Surveys

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December 14, 2012

Workshop Date

<table>
<thead>
<tr>
<th>Date of the workshop (MDCH Staff Only)</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td>7/23/12</td>
<td>18</td>
<td>32.1</td>
<td>32.1</td>
</tr>
<tr>
<td></td>
<td>8/27/12</td>
<td>18</td>
<td>32.1</td>
<td>64.3</td>
</tr>
<tr>
<td></td>
<td>10/25/12</td>
<td>20</td>
<td>35.7</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>56</td>
<td>100.0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The Health Equity Social Justice workshop was attended by 56 MDCH participants. There were an additional 4 participants from partnered community organizations. There were 3 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.)

<table>
<thead>
<tr>
<th>Job Title (MDCH Staff Only)</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid Administrative/Management</td>
<td>7</td>
<td>13.7</td>
<td>13.7</td>
<td>13.7</td>
</tr>
<tr>
<td>Program Coordinator/Specialist</td>
<td>13</td>
<td>25.5</td>
<td>25.5</td>
<td>39.2</td>
</tr>
<tr>
<td>Program Consultant</td>
<td>17</td>
<td>33.3</td>
<td>33.3</td>
<td>72.5</td>
</tr>
<tr>
<td>Administrative Support</td>
<td>7</td>
<td>13.7</td>
<td>13.7</td>
<td>86.3</td>
</tr>
<tr>
<td>Other</td>
<td>7</td>
<td>13.7</td>
<td>13.7</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>51</td>
<td>91.1</td>
<td>100.0</td>
<td></td>
</tr>
<tr>
<td>Missing System</td>
<td>5</td>
<td>8.9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>56</td>
<td>100.0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Most program attendees identified themselves as either a Program Consultant or Program Coordinator/Specialist. There were equal numbers of Administrative/Management, Administrative Support and Other.
**What Division/Section do you work in?** *(Check one answer.)*

<table>
<thead>
<tr>
<th>Division</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid Division of Family &amp; Community Health</td>
<td>7</td>
<td>12.5</td>
<td>13.7</td>
<td>13.7</td>
</tr>
<tr>
<td>WIC Division</td>
<td>38</td>
<td>67.9</td>
<td>74.5</td>
<td>88.2</td>
</tr>
<tr>
<td>Division of Health Wellness and Disease Control</td>
<td>3</td>
<td>5.4</td>
<td>5.9</td>
<td>94.1</td>
</tr>
<tr>
<td>Other</td>
<td>3</td>
<td>5.4</td>
<td>5.9</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>51</td>
<td>91.1</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

*Note: Missing did not have pre-tests.*

Most of the Health Equity Social Justice MDCH participants were from the WIC Division. The remaining participants were either in the Division of Family & Community Health, Division of Health Wellness and Disease Control, or Other.
The largest proportion of WIC MDCH participants were from the Nutrition Program and Evaluation Section within the WIC Department. The next two highest sections were Vendor Management and the Data and Systems Management Section. The remaining participants were from the WIC Operations Unit, WIC Administration or Other. There were 10 MDCH participants who worked in other sections.

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

Most MDCH participants were non-Hispanic.
3. What is your race? *(Check all that apply)*

<table>
<thead>
<tr>
<th>Race (MDCH Staff Only)</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>33</td>
<td>58.9</td>
<td>66.0</td>
<td>66.0</td>
</tr>
<tr>
<td>Black or African American</td>
<td>9</td>
<td>16.1</td>
<td>18.0</td>
<td>84.0</td>
</tr>
<tr>
<td>Asian</td>
<td>2</td>
<td>3.6</td>
<td>4.0</td>
<td>88.0</td>
</tr>
<tr>
<td>Asian and White</td>
<td>1</td>
<td>1.8</td>
<td>2.0</td>
<td>90.0</td>
</tr>
<tr>
<td>AIAN and White</td>
<td>1</td>
<td>1.8</td>
<td>2.0</td>
<td>92.0</td>
</tr>
<tr>
<td>Black or African American and White</td>
<td>1</td>
<td>1.8</td>
<td>2.0</td>
<td>94.0</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>1.8</td>
<td>2.0</td>
<td>96.0</td>
</tr>
<tr>
<td>White and Other</td>
<td>2</td>
<td>3.6</td>
<td>4.0</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>50</td>
<td>89.3</td>
<td>100.0</td>
<td></td>
</tr>
<tr>
<td>Missing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>System</td>
<td>6</td>
<td>10.7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>56</td>
<td>100.0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Note: Missing did not have pre-tests.*

The majority of MDCH participants were White (66%), 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?*

<table>
<thead>
<tr>
<th>I am confident I can…</th>
<th>(1= Strongly Disagree to 5=Strongly Agree)</th>
<th>(n=39)</th>
<th>Pretest</th>
<th>Posttest</th>
<th>Paired t-test</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Articulate an understanding of target identities and non-target identities.</td>
<td>3.08</td>
<td>.93</td>
<td>4.69</td>
<td>.52</td>
<td>-9.93*</td>
</tr>
<tr>
<td>7. Articulate an understanding of the four levels of oppression and change.</td>
<td>2.62</td>
<td>.88</td>
<td>4.67</td>
<td>.58</td>
<td>-11.92*</td>
</tr>
<tr>
<td>8. Articulate of the difference between health disparity and health inequity.</td>
<td>2.97</td>
<td>1.01</td>
<td>4.31</td>
<td>.61</td>
<td>-8.05*</td>
</tr>
<tr>
<td>9. Articulate an understanding of social determinants of health.</td>
<td>3.41</td>
<td>.97</td>
<td>4.36</td>
<td>.63</td>
<td>-5.51*</td>
</tr>
<tr>
<td>10. Articulate an understanding of cultural identity across target and non-target groups.</td>
<td>2.95</td>
<td>.83</td>
<td>4.41</td>
<td>.68</td>
<td>-10.00*</td>
</tr>
<tr>
<td>11. Articulate an understanding of public health’s historical role in promoting social justice.</td>
<td>3.03</td>
<td>1.04</td>
<td>4.08</td>
<td>.62</td>
<td>-5.85*</td>
</tr>
<tr>
<td>12. Articulate an understanding of the root causes of health inequity.</td>
<td>3.18</td>
<td>.91</td>
<td>4.31</td>
<td>.66</td>
<td>-7.41*</td>
</tr>
<tr>
<td>13. Analyze case studies in a social justice/health equity framework.</td>
<td>3.00</td>
<td>.99</td>
<td>4.13</td>
<td>.65</td>
<td>-6.99*</td>
</tr>
<tr>
<td>14. Identify opportunities for advancing health equity at my workplace.</td>
<td>3.05</td>
<td>.82</td>
<td>4.15</td>
<td>.62</td>
<td>-7.50*</td>
</tr>
</tbody>
</table>

* 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.*

<table>
<thead>
<tr>
<th>Knowledge Question</th>
<th>Correct Answer</th>
<th>n</th>
<th>Pretest</th>
<th>Posttest</th>
<th>P-Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>15. Men are the “non-target” group for identifying gender oppression and privilege.</td>
<td>True</td>
<td>42</td>
<td>23.8%</td>
<td>92.9%</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>16. The experience of oppression and privilege can change frequently based on our target and non-target group identities.</td>
<td>True</td>
<td>42</td>
<td>54.8%</td>
<td>90.5%</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>17. Nearly everyone experiences some form of unearned privilege, regardless of how hard they work to achieve success.</td>
<td>True</td>
<td>42</td>
<td>45.2%</td>
<td>85.7%</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>18. One way health departments can address the social determinants of health is by promoting healthier eating habits.</td>
<td>False</td>
<td>41</td>
<td>22.0%</td>
<td>51.2%</td>
<td>&lt;.01</td>
</tr>
<tr>
<td>19. The field of public health developed in response to social injustice brought about by the industrial revolution.</td>
<td>True</td>
<td>38</td>
<td>39.5%</td>
<td>65.8%</td>
<td>&lt;.01</td>
</tr>
<tr>
<td>20. The social justice framework for public health practice suggests that health problems are primarily caused by lower-income individuals making bad health choices.</td>
<td>False</td>
<td>39</td>
<td>76.9%</td>
<td>89.7%</td>
<td>.227</td>
</tr>
<tr>
<td>21. The social justice movement in public health is an attempt to shift focus from health inequities to health disparities.</td>
<td>False</td>
<td>40</td>
<td>37.5%</td>
<td>67.5%</td>
<td>&lt;.01</td>
</tr>
<tr>
<td>22. The term “health disparities” refers to the underlying causes of “health inequity.”</td>
<td>False</td>
<td>41</td>
<td>17.1%</td>
<td>39.0%</td>
<td>&lt;.05</td>
</tr>
<tr>
<td>23. Thoughts, beliefs, and values held by an individual are examples of the cultural level of oppression and change.</td>
<td>False</td>
<td>41</td>
<td>9.8%</td>
<td>73.2%</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>24. The <em>institutional level</em> of oppression involves rules, policies, and practices that advantage one cultural group over another.</td>
<td>True</td>
<td>42</td>
<td>68.4%</td>
<td>90.5%</td>
<td>&lt;.01</td>
</tr>
<tr>
<td>25. The <em>personal level</em> of oppression involves actions, behaviors, and language.</td>
<td>False</td>
<td>42</td>
<td>6.7%</td>
<td>71.4%</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>26. Eliminating <em>interpersonal level</em> oppression involves change in community norms and media messages that reinforce stigma and negative stereotypes.</td>
<td>False</td>
<td>42</td>
<td>4.0%</td>
<td>59.5%</td>
<td>&lt;.001</td>
</tr>
</tbody>
</table>
Participants showed significant increases in their content knowledge for a majority of content knowledge questions from the pretest to the posttest. Only one content knowledge question did not show a significant increase: “The social justice framework for public health practice suggests that health problems are primarily caused by lower-income individuals making bad health choices.” The pretest score for the social justice framework question was the highest of all pretest questions (77%), and although it did have an increase from pretest to posttest, the change between tests was not significant.
Workshop Evaluation Questions

27. 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: Participants reported that the workshop increased their awareness of disparities and health equity. It also provided them with confidence to address health equity issues. Several participants listed ideas for policy or procedural changes that would help to promote health equity. Other ideas that participants developed after attending the workshop to address racial health disparities included making changes to the data analysis process and staff training.

(38 responses)

- **Increased awareness of health equity**
  Be conscientious of others circumstance
  Increase level of awareness when interacting with local health department, WIC clients and WIC vendors
  First off in actually recognizing disparities
  It’s definitely helped me to be able to recognize and bring awareness to racial health disparities
  To recognize potential levels of oppression in operation
  Awareness (2)
  I will be better equipped to identify the disparities
  My organization does this already, but continuing to be conscientious of the events (speakers & audiences) we hold can contribute to addressing racial health disparities in MI.
  Increase personal awareness and attention to issues
  More awareness, sensitivity

- **Empower/Confidence**
  It has increased my awareness which will make me more effective at finding which things need to change
  Tailor my thinking towards racial topics more and prepare my ways to communicate these more
  The workshop has really shifted the lens by which I view the work I do
  The workshop has given me a different perspective and my awareness of my role and how I can effect others has changed
  I can speak out when things are not right
  I will participate with more security (more empowered) evaluating my options
  Learning to speak out & not be afraid to address issues at hand
  Speaking to health disparities evident in the work I do
  Empowerment
  I could be more outspoken when recognizing inequality at the office
  Help me to communicate with my boss and the higher-ups better
Always be willing to speak up and support for getting resources to areas of health inequities.

This workshop has helped give ideas & confidence to confront & address things at an interpersonal level- how to engage in dialogue with people if I observe something that's promoting inequities and how to articulate my ideas.

I can be an advocate of others.

I will be more mindful of how I can advocate for others by using my power for the good of others.

- **Policy/Procedure Changes**
  Encourage and promote the next year 2013 pilot is expanded to areas where it will have a greater impact on feeding hungry kids during summer (SEBTC prgm).

  By hopefully insuring that all people regardless of race are equally promoted within the department.

  There are certainly multiple opportunities to apply this information to my work, but the most evident one right now is through our RFP process.

  Make sure the role of health inequities is considered in our strategic planning.

  Gives me ideas regarding policy and procedural changes that can be looked at that were not previously considered as important or significant.

  Within WIC- talk with co-workers as policies are being developed that impact the delivery of services to our clients.

  Create policy changes that will have an impact on services offered to clients.

  Influence on statewide policy- institutional impact. Influence on food authorization decisions.

Create collaborations with other programs to streamline or enhance services.

Continue working together as a team to make the necessary changes to the allowable food in Michigan to better serve the diverse population.

We have experiences with people of many different backgrounds but only really offer literature/assistance from our own worldview (in our department). Expanding the way we communicate with and attempt to understand vendors and clients of different backgrounds will make WIC more effective.

Identify high need, underserved pockets of potential WIC clients and link infant mortality with (health services & WIC to decrease social determinants of health resources).

- **Developing Ideas**
  Currently looking for ways to integrate health equity as a fundamental part of our daily work.

  Use what I learned here about the 4 levels of oppression to help me know where to start making a change when I recognize inequities.

  Will explore strategies, research or other organizations experiences to implement health equity practices.

- **Staff Training**
  Talk to my staff about answering phones in a manner that does not make people feel they can't or don't want to call due to the staff's rudeness to outside callers.

  Training, hiring.

  Encourage opportunities for staff to experience/be exposed to client experience (Fd Avail, visiting clinics).

- **Data Analysis**
  As a data coordinator, I can help to analyze and distribute data and articles that can highlight the racial disparities we see for our
population, and provide tangible solutions to reduce the disparities we see

Look across the WIC population based on income, environment and race statistically to promote change

Use/analyze the data we collect to look at racial health disparities

- **Other Comments**
  None

I would like to see better foods & larger grocery store in the urban area & not have food deserts

action and making room for discomfort

Currently, I am adapting a violence prevention program for a target group & this work is important to show that small changes in evidence-based programs for a particular group can improve health outcomes

Provided a language for me to address others on issues related to racial or other causes of health disparities

Broaden the discussion of health disparities from the obvious to more of the underlying causes
28. Describe the most useful or valuable outcomes of this workshop.

Summary: A large portion of participants reported being more aware of health equity and knowledge of oppression as the most useful or valuable outcome of this workshop. Others also mentioned developing a language and skills to discuss health equity, along with feeling empowered by this workshop to take action. Participants reported that the workshop offered a time for self-reflection, along with developing a team cohesion with colleagues.

(42 responses)

- **Increased awareness/knowledge**
  Understanding the virtually all of us experience some form of unearned privilege. This is a helpful example to help people understand inequity. I will keep that as a "back pocket" example.
  
  Understanding that we move in and out of target groups
  
  Increased awareness/knowledge of oppression
  
  The ability to "see"
  
  Becoming more aware of oppression in everyday life
  
  Opening my eyes to others positions
  
  Awareness of different people's perspective
  
  Created an awareness
  
  Awareness
  
  Creating more awareness about these issues
  
  Understanding that people don't all think alike
  
  Made aware of disparities of the disadvantaged
  
  Awareness & knowledge

- **Communication (Dialogue) Skills**
  Conversation skills and ideas
  
  Having a language to communicate these ideas to a framework to understand common situations
  
  and that using the guidelines for dialogue can greatly help me to express my ideas
  
  The opportunity to engage in these conversations, process information and practice applying it
  
  how to thoughtfully dialogue about some of these topics
  
  Dialogue techniques
  
  Communication (dialogue) techniques
  
  Learning how to have discussions/initiate discussions on difficult topics.
  
  Being able to articulate these issues. I knew they existed but making the argument they exist and therefore being able to effect change has been missing.
  
  guidelines for discussion

- **Empowered**
  Good reminder of all us being part of the solution, change sense of being hopeless
  
  Knowing that I have power and privilege that I can leverage and use to my advantage
  
  Inner power
  
  Reminder that oppression continues to occur and individuals have power to overcome
Identifying my power

handling challenging topics

Recognizing the power I have to effect change

realizing that I can make things change

Making me aware that I do have power to address/discuss this with individuals

• **Health Equity Terminology/Concepts**
  Language to describe & articulate health inequity

Understanding target/non-target groups

Understanding of oppression and privilege, especially unearned privilege.

Appreciate target vs. non-target groups, earned vs. unearned privileges, levels of oppression

Framework for understanding & identifying how to approach/address people, situations, institutions related to health inequity

The most useful outcome for me is learning about the levels of oppression

Gained an understanding of target and non-target groups as well as privilege and unearned privilege

Concept of "target/non-target"

• **Reflection**
  as well as an increased personal reflection on my own role in perpetuating inequity and how I can start to change that

The personal reflective activities on Day 1

Raised personal awareness

Digging deep into my values and feelings of the issues of health disparity and social injustice

Realizing that a power change can happen internally

Increased personal awareness. I feel I have come further in my personal journey to own and move beyond my own prejudices.

Relearning after some time apart

• **Developing team cohesion**
  Team work with WIC together

shared rhetoric developed

learning & working together at multiple levels of management

Going through process with coworkers-better understanding of their background/perspective

Interacting with co-workers more and talking about these important issues with them

Understanding racism and how different team members understand and are impacted by it

• **Action**
  To change the way of thinking & working with other people

the tangible things to do in my job I found on Day 3

possibilities for action

Techniques/strategies to use in influencing others

Learning the levels of change and where to start

ideas for starting a topic

• **Embracing Discomfort**
that discomfort is necessary before change can occur
The ability to make room for discomfort

- **Other Comments**
The most useful outcome when the workshop consist of a varieties of individuals not just one culture/race

Role play was a good way to see what pointers could be used to help get a change made
29. 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 terminology, increased communication skills and heightened awareness of health equity issues. Participants reported vocabulary for better expressing health equity, along with understanding the importance of how to engage in conversations and actively listen. Several participants reported being better able to identify steps they could take, along with feeling more empowered to take action.

(39 responses)

- **Knowledge: Social justice, disparities, inequity, oppression**
  - Knowledge=levels of social justice
  - Concept of "target/non-target"
  - Learning about the 4 levels of oppression
  - Levels of oppression
  - Understanding the difference between disparities and inequities.
  - Framework for understanding
  - New concepts.
  - Identifying 4 levels of oppression and change
  - Intent vs. Impact. Trying vs. [left blank].
  - Unearned privilege
  - Introduced me to the different levels of how racism can be addressed: personal, interpersonal, institutional, cultural
  - Appreciate target vs non-target groups, earned vs. unearned privileges, levels of oppression
  - Again the levels of oppression are very valuable

- **Communication skills**
  - The tools for dialogue are most helpful in recognizing my intent vs. impact. I feel hopeful!

  - Vocabulary & conversation skills
  - Communication (dialogue) techniques
  - Just in how/what I ask
  - Know how to communicate effectively, better.
  - Language skills to help promote dialogue and not to use offensive descriptors
  - Being able to speak and listen with an open mind and heart
  - Language to describe & articulate health inequity.
  - It provided me with a vocabulary to use and the confidence to use it
  - Increased understanding of how to talk to others.
  - Techniques for discussions that may allow for change/influence
  - Ability to listen and respond thoroughly.
  - Silence is powerful and reflective.
  - identifying how to approach/address people
  - How to deal/guidelines to start conversations

- **New perspective/awareness**
  - Skills= awareness
Identifying where I have power

Understanding the virtually all of us experience some form of unearned privilege. This is a helpful example to help people understand inequity. I will keep that as a "back pocket" example.

Awareness of underserved privilege and improve sensitivity to minorities.

The recognition of privilege and power can be used every day at work (and at home!)

Health Equity & Social Justice Workshop: was something in the back of my mind but this workshop brought things into perspective.

Gave me a better understanding of the issue with food deserts in urban area & opened my eyes why this was happening. It helped me be able to recognize and have words for topics of unearned privilege, health inequities and health disparities situations, institutions related to health inequity

Keep other peoples thoughts/feelings in mind. Think of the 6 feelings...

being able to understand why vendors/clients act the way they do without jumping to conclusions about their worth/abilities.

Made me more aware of the levels of oppression

**Ideas for Change**
Advocate for target groups

Advocacy

1st line phone responders need to take other people’s needs into consideration. Targeting areas for addressing health inequities.

Through contact and communication with co-workers

- **Tools/Skills to take action**
  How to apply interpersonal observations & interactions at work

  Recognize strategies I can use to effect change.

  The awareness of the various groups. Will help with being able to work with all groups effectively.

  How to identify and approach them (levels of oppression)

- **Workshop provided practice**
  Practicing becoming a change-agent through role play

  The opportunity to engage in these conversations

  process information and practice applying it

  Able to reapply insights aimed from first introduction related to useful language, useful approaches in the topic

- **Self reflection**
  It allowed for reflection on areas for personal growth and how to talk with others to enable them the same opportunity for reflection.

  ways of feeling empowered

  Put "perspective" in my face; helps me to understand some of the ways that my words/actions in my job impact actions by others.

  Also knowing where I fit in, as a target group member
• **Other Comments**
I anticipate this affecting my future employment

Learning about the high rate of infant mortality in African American population. I am a new analyst for Maternal Infant Health and this helps me better understand the reasons our program exists

• **None**
Did not

It did not
30. In what ways did this workshop disappoint you or fail to meet your expectations?

Summary: Most participants reported that the workshop did not disappoint or fail to meet their expectations. Several participants wished that the workshop be longer. A few participants had concerns about the facilitators not allowing time for participants to process the information and develop their own perspective.

(38 responses)

- **Workshop Content/Itinerary**
  The action oriented activities on Day 3 were great, and I would have liked more of them on Day 2. Also more partner conversations throughout for introverted people.

No lunch on the 3rd day

Some of the scenarios were more difficult than others

I would like more time to delve into the personal process my internal privilege & biases as well as how they impact how I move through the world, and learn from my colleagues who attended the workshop.

Need more days & input from the institutional side would be helpful

- **Facilitation**
  Certain comments made by facilitator

Some questions/issues I had I felt were dismissed as the wrong perspective or interpretation of concept. Made me hesitate to share.

Perhaps because the workshop was only 2 days- but at times it seemed as though the facilitators "pushed" too hard to have us "admit" to or meet some objective they wanted us to meet, rather than just let the group discussion have time to get there.

- **Workshop length**
  Not the workshop but MDCH...should have been 3 days.

Not long enough- I felt less focused on this last day, knowing that I'm headed back to the office only in length, wish it was 4 days.

- **Personal Regrets**
  I participated in this workshop one year ago and could complete the 2nd 2 days. I am disappointed that this was only 2 1/2 days so in essence I missed lots of the last 2 days again!

I was at the disadvantage for having missed day 2- the crux of the workshop.

- **Exceeded Expectations**
  The workshop actually exceeded my expectations. I learned far more than I expected.

- **Other Comments**
  I know this was a difficult date to have a training but it got very political

The disappointment is that nothing will change?

- **None**
  Did not disappoint at all

None. Well done.

None (9)

N/A (4)

0 (2)

None- I was pleasantly surprised all around because I came in with few expectations and skepticism. I wish I hadn't came in with the poor attitude.
It didn't
31. What would have made this workshop more successful?

Summary: Most respondents felt the workshop was successful and offered no suggestions. Others suggested to go through topics with multiple perspectives and to include more variety in presentation techniques. To make the workshop more successful, several participants requested that the workshop be longer.

(35 responses)

- **Workshop Itinerary/content**
  Videos showing examples
  Use of more media and other presentation techniques
  Less group work
  A method of following up on progress in the workplace
  Talking more about how to change American cultural and societal norms, from the individual & organizational perspective (aka- how can an org achieve change in the culture outside of its walls?)
  Looking at the different inst. policy from the various individuals.

- **More time**
  More time (4)
  -> 4 or more full days
  Make it longer- This was one of the best workshops I have attended
  I would have liked the workshops to be longer
  More time per the reasons state in #25 (I would like more time to delve into the personal process my internal privilege & biases as well as how they impact how I move through the world, and learn from my colleagues who attended the workshop.)
  If we had two full days of workshop instead of one day and a half.

  Requiring participation in the full 4 day workshop instead of the 2 1/2 day

- **Participation**
  I really appreciated the different perspectives everyone brought from different workplaces, though.
  There were people who did not engage much. If there is a gentler, respectful way to draw out those people I would like to see that.
  Not to make it mandatory
  Consistent attendance

- **Other Comments**
  I am not with WIC, and would love to go through this with my colleagues.
  Due to unforeseen situation it would have been better served to have had the 3 consecutive days

- **None**
  No suggestions. It went over my expectations
  This workshop was excellent.
  I cannot think of any improvements- the workshop was great all around. Thank you!

N/A (3)

There is nothing needed to be done to this workshop. The people are great.
I really have no suggestions. I feel this has been a very effective workshop.

Nothing. Well done!

I think the workshop was successful. There was no beat missed, even though there was a big gap between day 1 and day 2.
On a five-point scale, how useful was this workshop for your work?

Circle one answer:

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

Mean Rating for the WIC HESJ Workshop: 4.18
Mean Rating for the HESJ Workshop: 4.14
Mean Rating for the UR Workshop: 3.96
Standard Deviation: .30 (UR: .93)

Participants of the Health Equity Social Justice Workshop rated the usefulness of the workshop as 4.18 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 Training Events for Public Health Professionals.
32. If we offered this workshop again in the future, would you recommend it to a colleague?  

*Check one answer:*

<table>
<thead>
<tr>
<th>Response</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>3.9%</td>
</tr>
<tr>
<td>Recommend with reservations</td>
<td>12.8%</td>
</tr>
<tr>
<td>Recommend with NO reservations</td>
<td>82.1%</td>
</tr>
</tbody>
</table>

82.1% of the participants would recommend this workshop without reservations, versus 73.8% of Undoing Racism Workshop Participants.

Comparison of this Mean Usefulness Rating with Mean Usefulness Ratings of 83 Other Training Events for Public Health Professionals.

![Histogram showing percent recommending WIC HESJ with mean and standard deviation](image-url)

Mean = 78.19
Std. Dev. = 12.065
N = 83