

Training About Equity, Racism and Disparities: What the Public Health Workforce Already Knows and What They Learn

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Practices to Reduce Infant Mortality through Equity (PRIME)

The Michigan Department of Community Health (MDCH) is building the capacity of its workforce to better address racial and ethnic health disparities in infant mortality. This project, "Practices to Reduce Infant Mortality through Equity" (PRIME) engages partners from local health departments, community-based organizations, and the University of Michigan.

One goal of the project is developing a replicable workforce training and practice model to identify and change institutional policies and practices to promote health equity. To this end, the project hosted a 2½-day Undoing Racism (UR) workshop-facilitated by the People's Institute for Survival and Beyond.

To evaluate the UR workshops, participants rated their competencies related to their understandings of racism and its influence on work policies and practices. The competencies were based on the workshop's learning objectives listed below.

Competencies

1. Articulate an understanding of racial prejudice	6. Identify institutional norms and accepted practices that adversely affect minorities
2. Articulate an understanding of racism	7. Define internalized racism
3. Explain racial privilege and power in the United States	8. Define racial health disparity
4. Define institutional racism	9. Identify and explain social determinants of racial health disparities
5. Define cultural racism	10. Identify policies and practices that provide guidance in my job duties and that may influence racial health disparities

Evaluation Methods

This study focused on the characteristics and assets that the participants brought to the workshops and the effect they had on the participants' development. Specifically, we studied the effects of the participants' race and prior training on race and racism.

Participants: Of the 163 participants, 128 reported working within MDCH and 20 were community-based partners. MDCH participants represented 7 divisions, and held positions ranging from administrative support to program coordinator to administration/management.

Prior Training: The participants reported prior training on health disparities, undoing racism, and health equity.

Race: Participants also identified their race group. The most common responses were European American (n=93) and African American (n=50). A small number (n=11) identified another race group.

Competency Ratings: Participants rated their level of agreement (5-pt. ratings: Strongly Disagree to Strongly Agree) to statements about their abilities to identify, define, articulate, and explain racism concepts, health disparities, and policies/practices influencing health disparities.

Focus Groups

Within weeks after the workshops, we conducted three focus groups to better ascertain the effects of the workshops. The focus group discussions highlighted a variety of training experiences and a range of beliefs and competencies among the MDCH employees.



Results

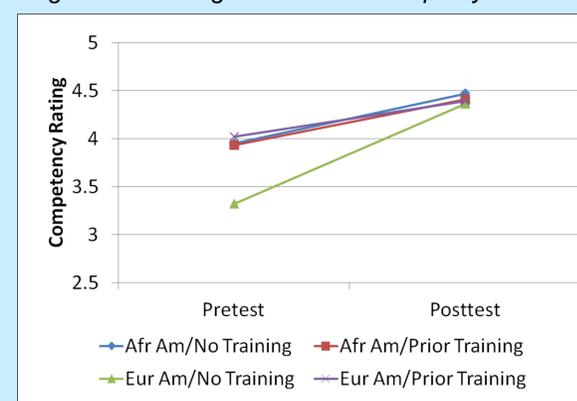
Workshop Surveys

Race Effects: European American's had a greater increase in their self-rated competencies to define institutional, cultural, and internalized racism.

Prior Training Effects: Participants with no prior training had greater improvement in their understanding of racial health disparities and the policies and practices that impact racial health disparities

Prior Training and Race Effects: European Americans with no prior training had a faster rise in their scores between pretest and posttest on defining racial health disparities (see Figure 1).

Figure 1. Defining Racial Health Disparity



Focus Groups

Knowledge: Participants credited their increased knowledge to historical examples, visual aid tools, and exercises.

Defining Racism: Participants held a variety of understandings of cultural and institutional racism even after they participated in the workshops.

Racial Identity: The workshops provided an opportunity to reflect on the participant's own racial identity and beliefs in a variety of new ways.

Conclusions

Learning about race, racism, and its effects on health may be rooted in one's own cultural heritage, level of racial privilege, and cultural learning experiences. Training activities should be tailored to the participants' personal experiences. For example, European Americans and those with no prior training may need to learn new concepts while African Americans and those with prior training may be ready to learn how to apply such concepts to solve institutional problems.

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