

Health Equity Workshops: Participant Feedback (2016-2018)

Health Equity: What is it anyway? (Part 1)

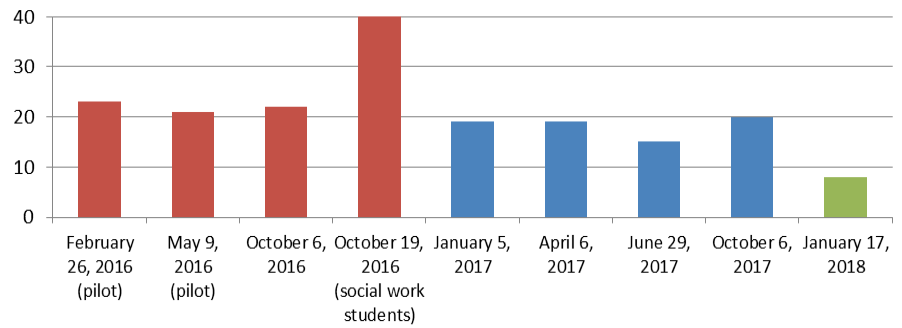
As of the writing of this report, the Health for All Learning and Engagement group had delivered nine Part 1 workshops to a total of 187 participants from February 26, 2016 to January 17, 2018. The first two of these workshops were pilots. One workshop was delivered to approximately 40 social work students on placement at the WRHA in October 2016.

The most common sites/programs that participants came from are listed to the right. Facilitators were able to identify where most participants worked from a combination of workshop sign-in sheets and the WRHA staff directory. Details were not available for all participants as there is no mechanism in the registration process to collect this information.

In total, 116 participants completed feedback surveys, a response rate of 62%.

Participants answered survey questions on a scale of 1 to 4, with 1 = 'strongly disagree' and 4 = 'strongly agree'. Quotes from open-ended questions are inserted throughout.

Number of workshop participants by date

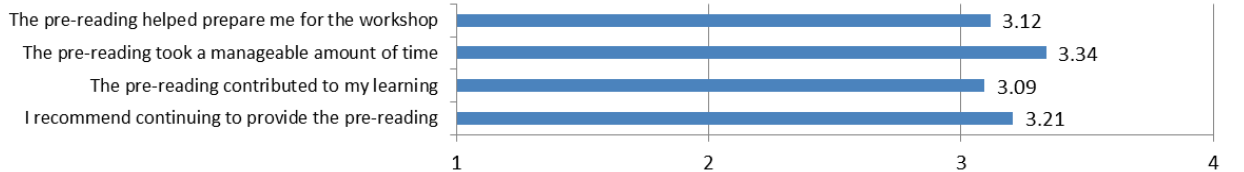


Site/Program	# of participants
Concordia	11
Health Sciences Centre	11
Centre de Santé	7
St. Boniface Hospital	6
Population and Public Health	6
Cancer Care Manitoba	5
Manitoba Adolescent Treatment Centre	5
Aboriginal Health Programs	4
Grace Hospital	4
WRHA Corporate	4
Other	47

Overall impressions

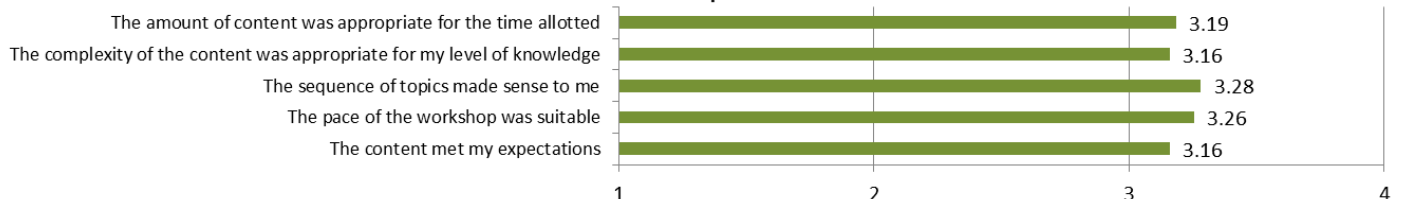


Pre-reading



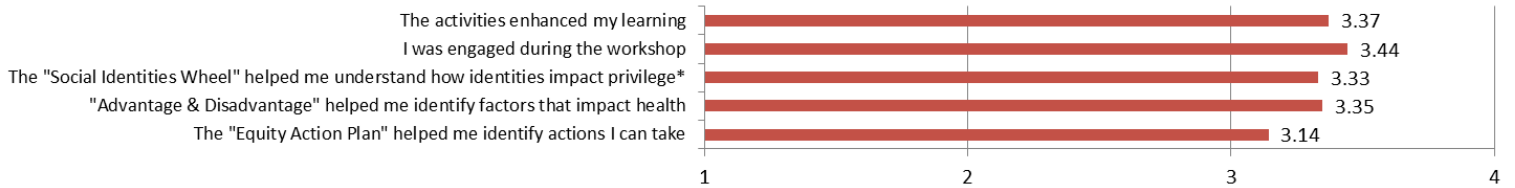
"It was a good way to prepare myself to receive and understand the information I was listening to." Participants who did not do the pre-reading were mostly too busy with work or away. A few indicated they did not receive the materials.

Workshop content overall



"Wonderful facilitation, lots of activity and discussion, good engagement, nice size group."

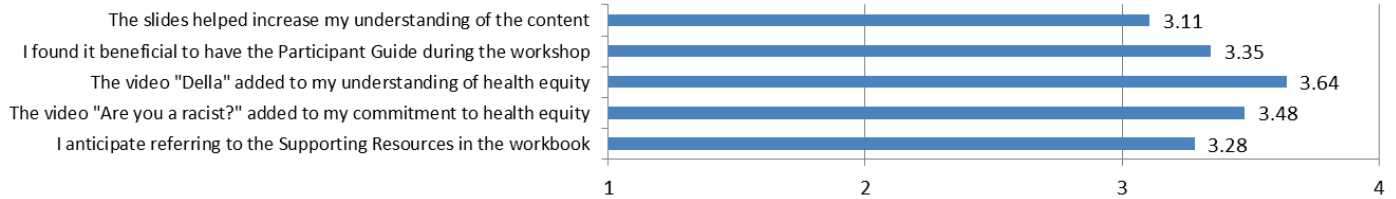
Workshop activities



*For 2016 workshops, the question read "The 'Let's Explore' activity helped me understand key health equity concepts."

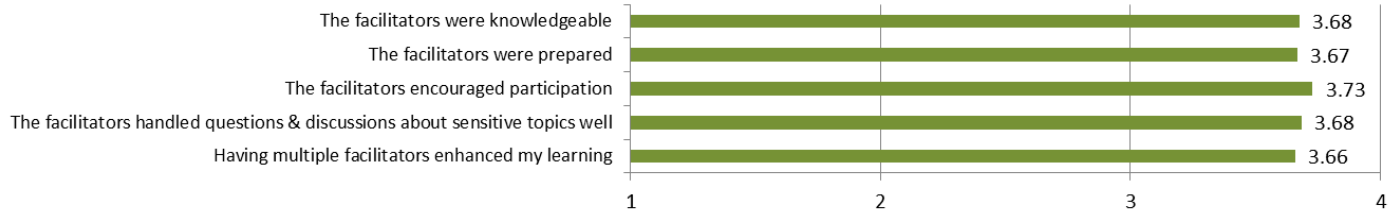
"The activities helped solidify concepts." "The Patterns of Advantage & Disadvantage helped give a visual to the stats." "Would have liked a bit more on wheel/flower." "I struggle with focus during sessions longer than one hour, but found this topic engaging because of the use of lecture, discussion, video, and group activities."

Materials and resources



"Great, thought provoking videos." "More resources are needed to show inequity in areas that are non-stereotypical." "I plan to give staff access to the resource links." "Sometimes I was not certain where we were in the workbook."

Facilitators



"Multiple presenters offer a change of pace, perspectives, and insight, and all worked well together to make one feel comfortable and engaged."

As a result of attending this workshop, I am able to:



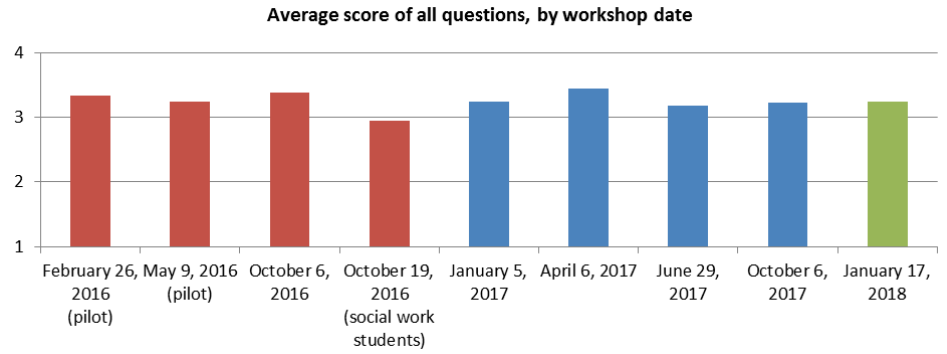
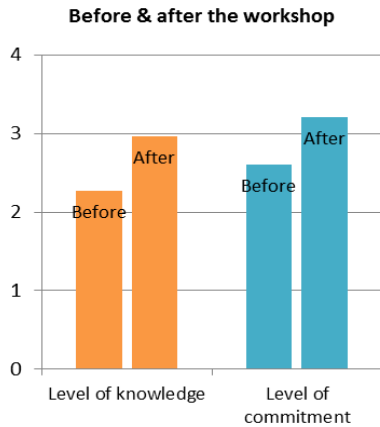
*For 2016 workshops, the question read "Identify factors that impact health and well-being."

"I feel challenged to learn more/be curious/use the inequity lens to move forward." "Focusing on understanding the concepts was effective in stimulating my thinking. However, there seemed to be a gap from that discussion to action."

As a result of this workshop, participants plan to: *"Spread the knowledge, share." "Provoke dialogue with teams to encourage more understanding of barriers to equity." "Review office and other processes that are within my control to change and do so to better reflect services through an equity lens."*

A number of participants recommended that this workshop should be encouraged or mandatory for clinical providers or senior leadership, or targeted to particular practice areas.

The answers below were scored on a scale of 1-4 with 1 = 'minimal knowledge'/'no commitment' and 4 = 'very good knowledge' and 'extremely committed'.

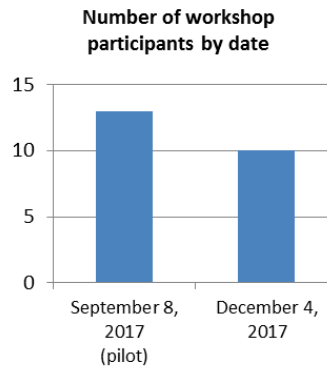


Average scores for all questions were fairly consistent by workshop date, except for the session with the social work students. Most of the social work students who completed surveys noted that the workshop content was redundant with their coursework.

Health Equity: What can I do? (Part 2)

As of the writing of this report, two Part 2 workshops had been delivered, on September 8 (pilot) and December 4, 2017, to a total of 22 participants (a lower registration and attendance than Part 1).

The most common sites/programs that participants came from are listed to the right. Facilitators were able to identify where most participants worked from a combination of workshop sign-in sheets and the WRHA staff directory. Details were not available for all participants as there is no mechanism in the registration process to collect this information.



Site/Program	Total # of participants
Population and Public Health	3
Organizational Staff Development	3
Cancer Care Manitoba	2
Deer Lodge	2
Community Mental Health	2
Other	8

20 participants completed feedback surveys, a response rate of 91%.

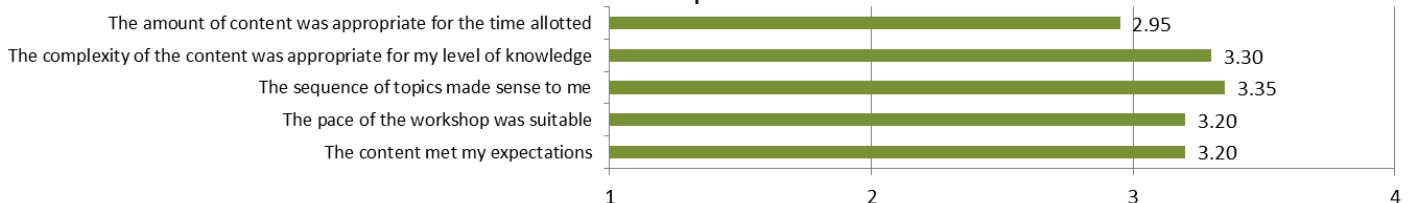
Participants answered survey questions on a scale of 1 to 4, with 1 = 'strongly disagree' and 4 = 'strongly agree'. Quotes from open-ended questions are inserted throughout.

Overall impressions



"I thought the workshop was great and the content is fantastic. I'm so glad to see the WRHA involved in this."

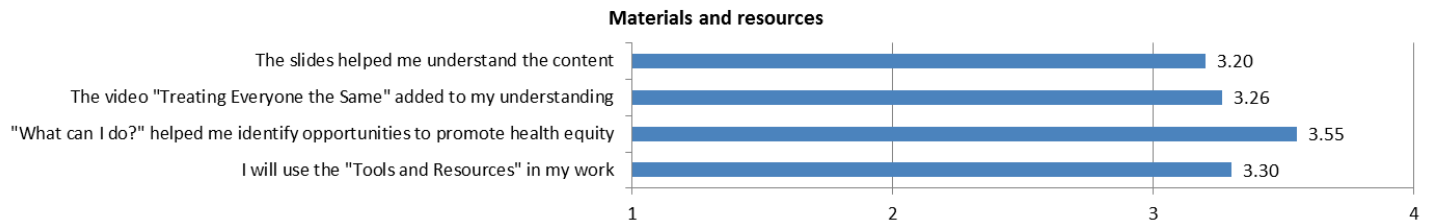
Workshop content



"The speakers were very engaging and interesting material was covered but it was a bit overwhelming in terms of too much info to absorb." "The learning occurred as much from listening to the attendees as it did from the presenters."



"'Finding your why' was a person-friendly intro to inner reflection... Also an intro practice to experiencing vulnerability in self necessary for 'stretching beyond'." "The case studies were great and provided a deeper understanding." "The first exercise I didn't find very helpful, the one about asking your partner why. I don't think it gave me any take aways in regards to health equity." "I'm not entirely sure the Case Study helped me identify changes I can make to promote health equity, [although] it identified barriers to access."



"The resources are great and will be very helpful in promoting discussion with other staff in my workplace." "I would like a copy of the presentation slides as there was info here that would be helpful to have."

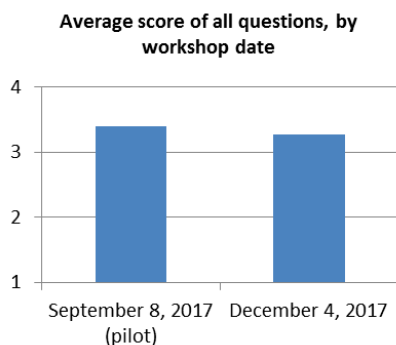


"I really appreciated the easygoing-ness, but structured way the conversations, discussions flowed." "Appreciate multiple facilitators and their willingness to share from personal experience."

As a result of attending this workshop, I am able to:



As a result of this workshop, participants plan to: "Integrate questions in my conversations with clinicians and community partners that may raise greater awareness of unconscious bias/assumptions." "Modify [workshop] activities to help others understand how to apply concepts." "I plan to continue to practice the concept of equity at my level and use my influence in groups I work with to take it to a broader level."



Some participants expressed that they would like a longer and more comprehensive learning opportunity: *"With so much info amassed, it might be helpful to split it up by topic as this is such a large scope to cover." "Ideally I would love to see training that would span a number of months."*

Similar to Part 1, participants in Part 2 emphasized that more WRHA staff should be encouraged or mandated to take the training. *"Consider introducing the topic of Health Equity at Orientation and Boot Camp for Managers." "Can we make it mandatory for everyone??"*

Average scores for all questions were consistent by workshop date (to left).

Health Equity Workshops: Interview Findings

This section offers a deeper understanding of how participants experienced the Health Equity workshops and how the workshops impacted their work. It is based on interviews conducted in February and March 2018 with four WRHA employees who have taken one or both of the Health Equity workshops and five who have been closely involved in the *Health for All* initiative. Of the nine interviewees, two were frontline staff, one was a manager and six were directors. Two interviewees worked at a community site, five at an acute care site and five worked for a regional program; some worked at more than one type of program/site. Interviewees were drawn from across the region.

Workshop experiences

Interviewees attended the workshops because it was mandated or because they were invited to the pilot(s). A few noted that their whole team had taken the health equity workshop(s) and/or the online Manitoba Indigenous Cultural Safety Training; others wanted to send their teams in the future. From *Part 1: What is it Anyway?*, interviewees most vividly remembered the *Patterns of Advantage and Disadvantage* game, the equity vs. equality baseball game image and the videos. From *Part 2: What Can I do?* they remembered the case study and *What's Your Why?*

Impact on understanding & impact on work

The workshops helped attendees understand the difference between equality and equity, reminded them “that there’s so many factors where people start back so much further than others”, “put a face” on equity and brought concepts of equity down to a practical level. One person appreciated Part 2 encouraging people to connect to the values that drive their engagement with health equity. For others, the workshop content was not new but they liked having a sense of where other employees were at.

Interviewee quotes

On the impact of the workshop: “I reinforce to staff regularly, and I always have, but maybe even more [after taking the workshop], ‘Is this person competent? What is their choice? And what are our options to try to make this work the best that it can?’... So that’s where I see [the workshop content] the most, I guess. But I probably don’t think about it as much as I should.”

On going deeper emotionally: “In the way the workshops are delivered, it’s kinda focused on making sure the organization meets its targets and figures out efficiencies, and it’s not really about digging too deep for people. ... [But] it’s when people can have an emotional connection with what it is that they’re encountering, and it’s not just intellectual that, I think, is what shifts how people view the work they’re doing.”

On education to apply equity in practice: “There needs to be a follow up [workshop] to say, okay ... Now that you have this awareness, and you’ve done these little kind of workshops, now how do you pull that into your practice, without it being a committee, just individually, or even if you’re at a policy table, how do you do all these things? ... I just don’t know how we help people go and think and participate in some of this, and then be able to have time to incorporate it, and booster sessions, and all that adult learning concepts.”

In terms of the impact of the workshop on people’s work, one person said they are now more able to encourage their team to focus on patient autonomy and challenge unfair perceptions of risk during discharge planning. Others have adapted some of the workshop activities to educate their own staff or have invited WRHA’s Population Health Equity Initiatives Leader to deliver workshops to their teams. Although workshop attendees talked about many other things they were doing to promote health equity, it is unlikely that those actions happened solely as a result of taking the workshops. However, interviewees said the workshops were essential to raising the profile of and legitimizing health equity at the WRHA.

Suggestions for enhancing the workshops

Interviewees made a few suggestions for enhancing the workshops. One person suggested the workshops should focus more on emotional connection to than intellectual understanding of the material. Another wanted space for attendees to share and work through past encounters with inequity and noted that expanding the workshops to a full day would allow for this. Others wanted more education to support people to figure out how to integrate an awareness of equity into practice or suggested making the workshops part of employee orientation. These tensions between practical, conceptual or emotional approaches to health equity learning and work were evident in every interview.

Other training and resources

A few interviewees wanted additional resources, either for their own learning or to educate others. One wanted a set of equity case studies to work through similar to those produced by WRHA Ethics. Another wanted accessible and fun activities they could use to educate other employees about privilege and intersectionality. Instead of more formal education, a few interviewees wanted opportunities to learn and strategize collaboratively. One said, “Maybe education for me would be getting together with a group and bringing more systems into play, and how can we all work more collaboratively together? Cause we’re still really siloed.” Another was interested in creating a collective of ‘champions’ to learn about and shift organizational culture around health equity.