

Office of Equity and Inclusion, Oregon Health Authority
**Developing Equity Leadership through
Training and Action (DELTA)**

Program Evaluation Results Report



Survey Research Lab



This report was prepared for the
Office of Equity and Inclusion, Oregon Health Authority

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Introduction

Portland State University's (PSU) Survey Research Lab (SRL) worked collaboratively with the Office of Equity and Inclusion (OEI), Oregon Health Authority (OHA) to implement a program evaluation of the Developing Equity Leadership through Training and Action (DELTA) program. The primary focus of the program evaluation was the degree to which the participants enhanced cross-sector collaboration and relationships, and moved health equity policy forward as a result of their participation in the DELTA program. The following report is a summary of the methodology used and the findings from key informant interviews (all cohorts), training evaluations (2017-18 cohort ending April 2018), and a post-program survey (2017-18 cohort ending April 2018).

Key Informant Interviews

Methodology

Prior to gathering the data, Dr. Debi Elliott, SRL Director, and Tiffany Conklin, SRL Senior Research Associate, met with staff from the Oregon Health Authority's Office of Equity and Inclusion (OEI) and reviewed their goals for the evaluation and developed the protocol for the key informant interviews.

Key Informant Interview Questions

The questions included in the telephone interviews were:

Q1: Are you still at the organization you were at during your time in the DELTA Program?

Q2: Overall, how engaged were you in the DELTA Program? Why is that?

Q3: Did you finish the DELTA Program?

Q4: How valuable were each of the following aspects of the DELTA Program? Networking with Cohort Members, Networking with OEI Staff, Trainers, Curriculum, and Diversity of Cohort.

Q5: How much of an effect did the DELTA Program have on your level of knowledge about ways of improving health equity in your organization and the service system?

Q6: How much of an effect did the DELTA Program have on your ability to improve health equity in your organization and the service system?

Q7: What are some ideas from the DELTA Program that challenged you to think, or to work differently?

Q8: How have your own leadership characteristics changed over time, from participation in DELTA?

Q9: Since participating in DELTA, do you feel a shift in your own individual capacity to move this work forward in your organization? How so?

Q10: Have you been able to integrate (institutionalize) any new health equity or inclusive workforce strategies into the planning, policies, programs, or practices of your organization?

Q11: Which of the following were you able to integrate those strategies into? Your organization's: Planning, Policies, Programs, and/or Practices.

Q12: Can you describe what strategies or concepts from the DELTA Program you have been able to integrate into your organization?

Q13: What organizational or personal resources are you using to support these changes?

Q14: How much of an effect did the DELTA Program have on your ability to integrate (institutionalize) health equity or inclusive workforce strategies into your organization so far?

Q15: Are you planning to implement any health equity or inclusive workforce strategies into the planning, policies, programs, or practices of your organization? If so, what are you planning to do?

Q16: How confident are you in your ability to integrate (institutionalize) health equity policy or inclusive workforce strategies into your organization's planning, policies, programs, or practices? Why is that? What are the barriers?

Q17: As a result of your participation in the DELTA Program, how much of an effect have you been able to have on increasing cross-sector collaboration (between your organization and other organizations) focused on health equity? Could you elaborate on that?

Q18: Have you provided support, or asked for assistance from other DELTA colleagues since participating in the program? Could you elaborate on that?

Q19: How much of an effect do you believe the DELTA Program has had on supporting new relationships between health institutions and communities experiencing inequities? Could you elaborate on that?

Q20: As a result of your participation in the DELTA Program, how much of an effect have you been able to have on increasing the amount of accountability between health institutions and communities experiencing inequities? Could you elaborate on that? Can you think of any specific barriers removed for those you serve?

Q21: Overall, how much of an effect did the DELTA Program assist you in advancing and supporting health equity policies and practices? Could you elaborate on that?

Q22: How likely would it be for you to recommend the program to someone else? Why/Why not?

The complete interview guide including follow-up probes and option text can be found in **Appendix A** of this report.

Subject Recruitment

Key informants were recruited from the cohorts that graduated from the DELTA program since its inception in 2013. An invitation to participate was emailed by the SRL to all of the 2018 cohort members, and a random sample of approximately half (n=51) of the participants from the previous cohorts (2013-2017). Invitees were told that the OEI wanted feedback on their experiences as participants in the DELTA program and the impact of the program both on them individually and their organizations so far. An email reminder was sent one week later. The email invitations and reminders are included in **Appendix B**.

All invitees were directed to contact at the SRL to sign up for a telephone interview. The names of those who participated in the interviews were kept confidential by the SRL and were not shared with any OEI staff. A total of 30 interviews were conducted between May 3, 2018 and May 24, 2018. Responses were documented using a secure Qualtrics web survey and recorded digitally with participants' consent. The average time to complete an interview was 20.4 minutes.

Notes on Analysis

Notes were taken during the phone interviews, supported by the digital audio recordings. After the recordings were used for reviewing responses to ensure the accuracy of the data, they were destroyed for confidentiality purposes. The text data was reviewed to identify prominent themes and organized according to the research questions. A summary of participants' feedback and comments gathered during the key informant interviews are presented in this report. Responses to rating items were analyzed and the distribution of responses is presented for each item.

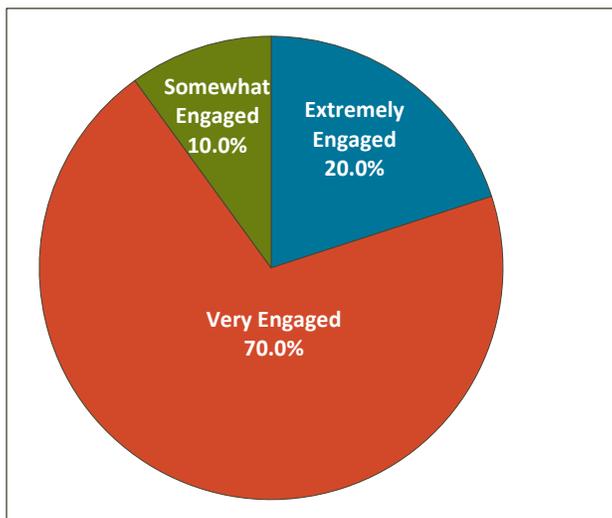
Summary of Findings

Of the 30 respondents, 90% (n=27) were still with the organization they were at during their time in the DELTA program.

Level of Engagement with the DELTA Program

Interview participants were first asked how engaged they were in the DELTA Program, on a five-point scale (not at all engaged, slightly engaged, somewhat engaged, very engaged, extremely engaged). Nearly all (90.0%) participants reported being either extremely or very engaged in the DELTA Program. None of the respondents reported being only slightly or not at all engaged.

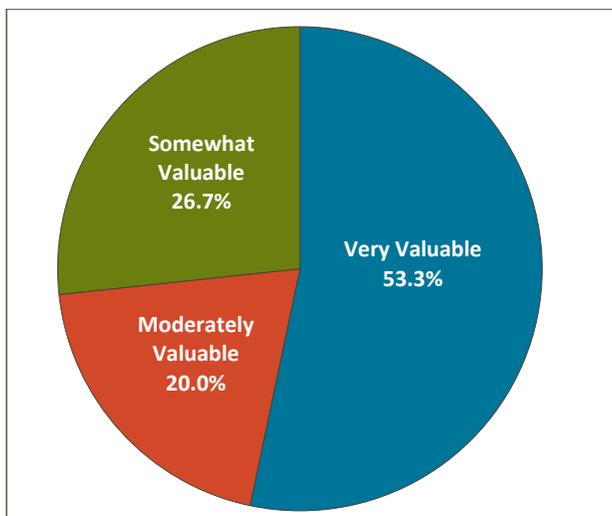
Figure 1: Level of Engagement in DELTA Program (N=30)



Value of the DELTA Program

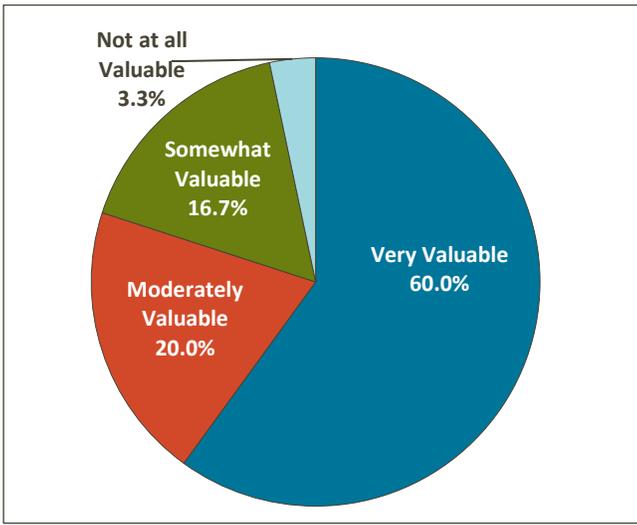
Interview participants were then asked how valuable five DELTA Program components were to them, on a four-point scale (1=not at all valuable, 2=somewhat valuable, 3=moderately valuable, 4=very valuable). The majority (73.3%) reported finding networking with other cohort members to be very or moderately valuable.

Figure 2: Value of Networking with Cohort Members (N=30)



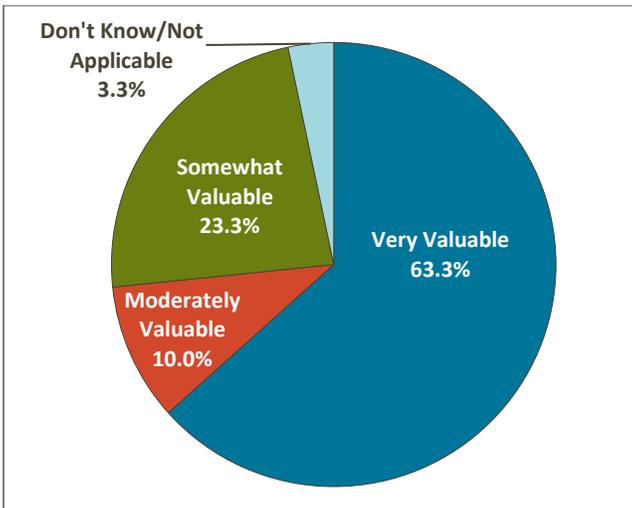
Over three-quarters (80.0%) of participants reported finding networking with OEI Staff was very or moderately valuable.

Figure 3: Value of Networking with OEI Staff (N=30)



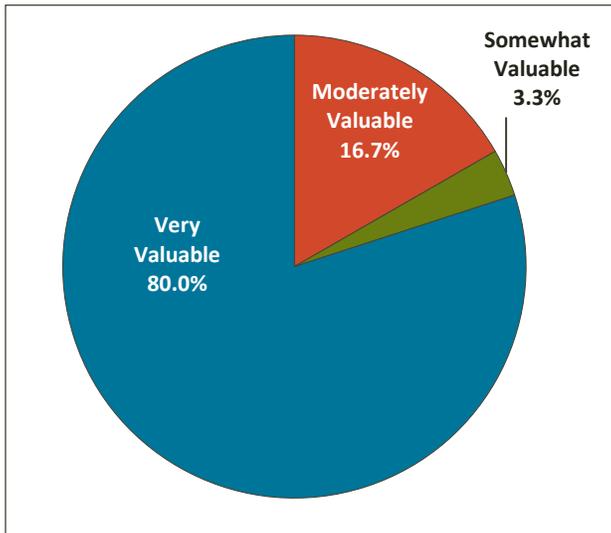
About three-quarters (73.3%) of the participants reported finding the DELTA Program trainers to be very or moderately valuable.

Figure 4: Value of the Trainers (N=30)



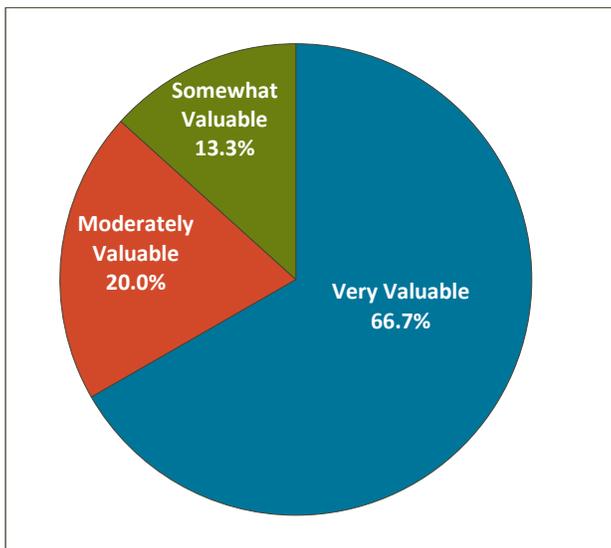
Nearly all (96.7%) of participants reported finding the DELTA Program curriculum to be very or moderately valuable.

Figure 5: Value of the Curriculum (N=30)



The majority (86.7%) of the participants reported finding the diversity of the DELTA cohort to be very or moderately valuable.

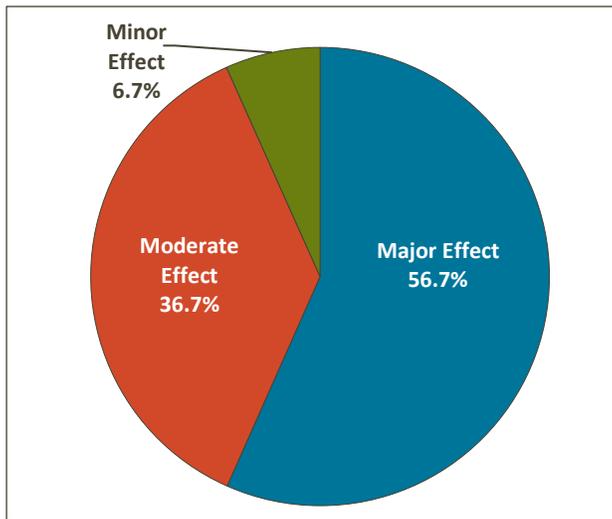
Figure 6: Value of the Diversity of the Cohort (N=30)



Increased Knowledge and Ability

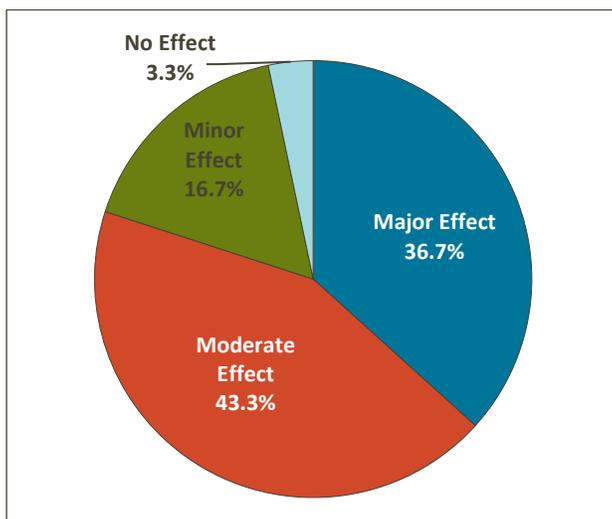
Next, participants were asked how much of an effect the DELTA Program had on their level of knowledge and ability to improve health equity in their organization and the service system. Slightly over half (56.7%) of the participants reported that the DELTA Program had a major effect on their level of knowledge about ways of improving health equity in their organization and the service system, while another one-third (36.7%) reported that it had a moderate effect.

Figure 7: Effect on Level of Knowledge to Improve Health Equity (N=30)



Over three-quarters (80.0%) of participants reported that the DELTA Program had a major or moderate effect on their ability to improve health equity in their organization and the service system.

Figure 8: Effect on Ability to Improve Health Equity (N=30)



Most participants indicated in their comments that DELTA had either a moderate or major effect on their level of knowledge about health equity.

“It had a moderate effect on my level of knowledge, but an intense effect on my feelings of efficacy.”

“It helped me meet people at OEI, helped me understand what OHA was focusing on and the equity work that the CCOs were doing. It also gave me data and credibility that I did not really have before.”

“I had no knowledge previously, after going through DELTA; I am more prepared and more ready to apply this to everything that my staff and I are doing.”

Those participants who reported that DELTA had a minor effect on their knowledge about health equity usually reported that they had had similar training before.

“I come from a background where we talk about equity and racial discrimination, systems of injustice so it was not new to me.”

When asked whether DELTA had an effect on their ability to improve health equity in their organizations, most reported moderate or major effects.

“[DELTA] Program offered extended chance to have conversations, to try things out and come back to talk about it.”

“After DELTA I came home to completely revamp my community needs assessment, putting data in front of our leadership team and board of directors which addressed racial and ethnic minorities. I started putting out data on LGBTQ+ and the differently abled and their access and equity issues in terms of health disparities...”

“...I was working within my organization to authentically move towards being an equitable organization. I would not have been able to do what I have done without the tools, resources and support from the DELTA Program, the trainers and OEI staff. It was really helpful to have people I could ask questions of...”

Those participants who reported minor effects on their ability to improve health equity noted that it was too soon to measure any effect because they had just finished the program.

Participants in the interviews were also asked to describe ideas from the DELTA Program that had challenged them or made them work differently. A number of different topics were mentioned, including implicit bias, reverse discrimination, historical trauma, use of data and disaggregating data, CLAS standards and REALD questions. The discussion on implicit bias was mentioned several times.

“With unconscious implicit bias that had a huge impact on me. There many things that I thought I was not bias about, but upon taking the test, apparently I was!”

“Something...that really impacted me was the session on bias, what are our bias, how do we check them, how do we bring them into our everyday work...”

“Personally, the areas that examined white privilege, leading with race, implicit bias, some of that I had not really thought about or read much about...”

Another common theme focused on content around understanding, disaggregating, and using data.

“One session that stood out for me...a Doctor from Kaiser talked about disaggregating the data and why.”

“One of the big ones was using data, and understanding how to use data, and how to have that data support the work.”

Participants were asked to describe how their leadership had changed as a result of participation in DELTA.

“My own leadership characteristics have been more, bringing people to the table, listening to ideas, their perspective, a more collaborative approach.”

“Notion of equity has become central to my professional identity...Has become a leading issue for me as someone that has power in the organization.”

“Beside my own awakening, going through the DELTA Program has given me credentials to have those conversations with staff, and it is not just my idea...It gives me back-up and support to what we are trying to do.”

“There is an element to health equity that requires people to be agitators. In terms of leadership characteristics, understanding that that is a part of how we support the work. We need to agitate even if it is uncomfortable.”

Participants also described changes in their own individual capacity to lead health equity work forward. Several participants mentioned an increased in confidence.

“I am more confident in my ability to facilitate conversations around equity in my organization and just in general with other people.”

“Yes, particularly in the area of my confidence...My confidence to keep pushing forward the agenda of health equity, even if I am the only one at the table pushing it.”

Other participants spoke about an increase in their level of compassion and empathy.

“After DELTA, I really had the ability to look with compassion, even with someone who is being sort of ignorant, and say, I know it looks that way to you, but it’s really funny that the data doesn’t look like that.”

“Increased empathy, more self-awareness of my own communication style and increased awareness of need for inclusion of broad stakeholder representation in program and policy...”

There were a number of comments that underscored the importance of having the correct tools and being connected with others.

“Delta gave me the tools. The capacity has grown as I have become more and more committed to the work.”

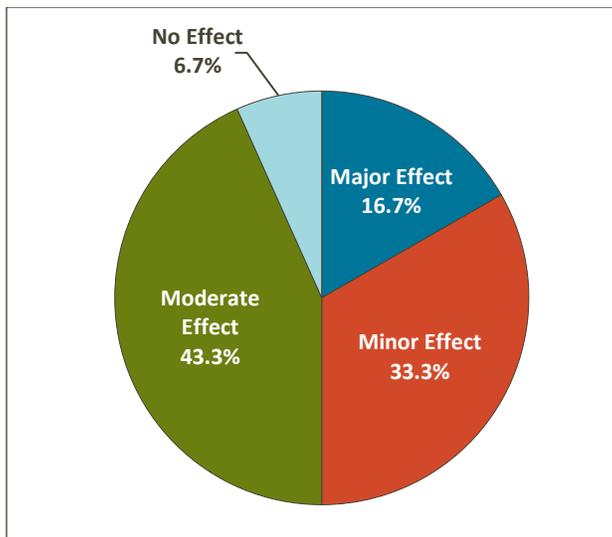
“I feel I have a broader base of tools. When I started the program I thought I was a fairly progressive person and it really opened my eyes of how much more work I need to do as an individual.”

“I have more tools at my disposal, and there are so many tools and strategies to forward health equity...Through the 9 month DELTA program we got a lot of those different pieces, so being able to refer back to those experiences...whether it is the data piece, community engagement piece, health literacy piece, the trauma piece, and understand that these are all under the same umbrella.”

Cross-Sector Collaboration

Participants were mixed on whether the DELTA Program helped increase cross-sector collaboration, although the largest proportion of respondents reported that this effect had been moderate (43.3%).

Figure 9: Effect on Increasing Cross-Sector Collaboration (N=30)



Several participants reported that they had joined cross-sector coalitions as a result of their experience in DELTA.

“We are partnering with and working in coordination with our Regional Health Equity Coalition here.”

“After DELTA, with other cohort participants, we started the CCO Learning Collaborative, sharing some of the best practices with other organizations.”

One respondent described developing quarterly meetings with grassroots organizations that attracted 100 people.

“I will give DELTA a lot of credit for that because it really stressed that need to make sure you have your stakeholders, you are inclusive, and haven’t forgotten or ignored anyone.”

When asked if they had provided support or asked for assistance from another DELTA participants, most gave positive examples.

“We are able to share information, like bouncing ideas around about certain policies our organizations had. Support each other in this work is huge.”

“I have asked for assistance from two of my cohort members who did presentations that were useful in my daily work.”

“I asked some DELTA colleagues to review a document that was to provide guidance to grantees around a health equity assessment. There was a lot of informal organic support within the cohort that was important for all of us.”

Several participants mentioned the support they had received from DELTA Program instructors.

“I have had a couple of equity challenges during hiring and went to OEI for assistance with that.”

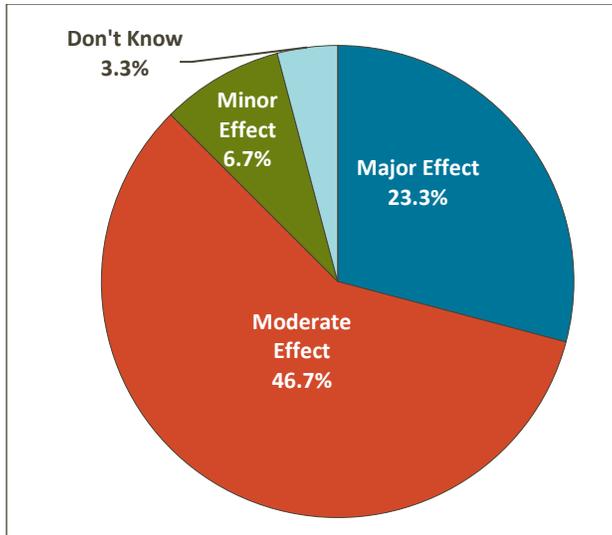
“I have asked instructors from DELTA Program to come do training programs.”

“(staff member from DELTA) is a friend of mine now... I am always talking to her about what I can do in my role.”

Integration into the Organization

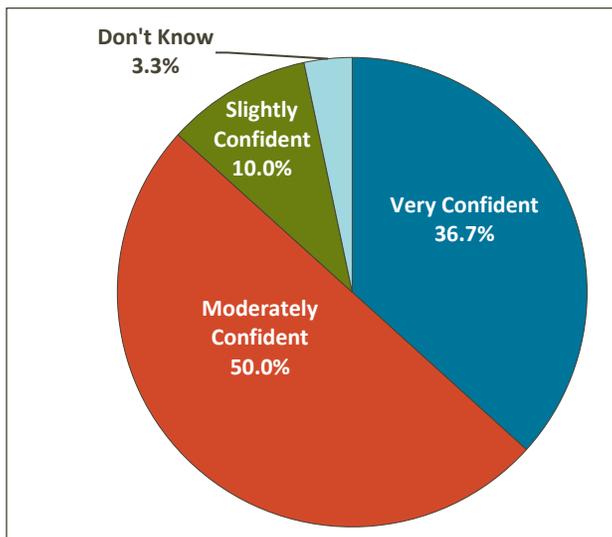
The majority (70.0%) of participants reported that the DELTA Program had a major or moderate effect on their ability to integrate health equity or inclusive workforce strategies into their organization.

Figure 10: Effect on Ability to Integrate Health Equity or Inclusive Workforce Strategies into Organization (N=30)



Most (86.7%) of the participants reported that the DELTA Program impacted their level of confidence in their ability to integrate health equity policy or inclusive workforce strategies into their organization's planning, policies, programs, and practices.

Figure 11: Effect on Confidence to Integrate Health Equity or Inclusive Workforce Strategies into Organization (N=30)



Participants were asked to talk about which strategies or concepts from the DELTA Program they have been able to integrate into their organizations. The most frequently mention examples were related to hiring and other HR policies.

"We are adapting and reviewing our HR policies, patient care policies and procedures to make sure we are living up to the standards that we set."

“Now hiring people with lived experience. Whatever kind of lived experience. 50% of people [we hire] have experience with housing insecurity.”

“We have made changes during and after DELTA, like bringing a community member or partner to the interview panel, to sit in while interviewing candidates help with job description, interview questions. The way we ask for the list of qualified candidates, we do not just accept the list HR sends us, we ask for the entire lists and try to look across academic and professional experience, to more lived experience.”

Participants also gave examples of changes they had made to other aspects of their organization.

“We are revamping the program, the manual, policies and forms and we are using a lot of the CLAS Standards and plain language to do so.”

“In process of asking about sexual orientation and gender identity data. We have created a training program for patients in our LGBTQ+ community, so they know why we are asking for that data, how we will use the data...the disparities they face.”

“We started a Diversity and Equity Inclusion Team. We started a Brown Bag Series...providing different equity trainings...We also debrief after the training, talk about how to improve organizational structures.”

“I use a lot of the soft skills that were taught in facilitation of meetings. We started doing monthly learning and sharing sessions with all staff that focused on topics related to equity.”

The participants were also asked to discuss the organizational or personal resources that they had called upon to support the changes they made. In addition to support from OEI, participants often commented on the willingness to dedicate staff time and training time to health equity.

“We had a lot of support from OEI staff over time...They were really emotional cheer leaders and supporters.”

“Organizational resources have been all of our time- the director’s time, my time- space, room, materials we developed, photocopying. The time and support of the effort in general was wonderful.”

“Managerial support is huge and gives us the authority to make decisions. We have a tremendous amount of staff time and commitment, a monthly work group meeting, dedicated time at all-staff meetings, mandatory training for all managers.”

“For a department our size to be able to access this information was really important. All knew OEI was part of the state of Oregon but doesn’t filter out to regional departments or rural counties on regular basis.”

“My personal resources, I think bringing empathy and compassion to this work has been really important, working to meet some of my colleagues where they are at.”

Participants were asked to discuss any plans they had to implement any health equity or inclusive workforce strategies into their organization. Several interviewees mentioned plans related to hiring and recruitment.

“We are revamping our recruitment strategies. We do an online application and on the application, itself, there is going to be our equity statement along with a disclaimer. By applying, I understand that I am going to serve communities of color, immigrant populations, LGTBQ. We want to be very clear at the beginning and sign off on that.”

“We started a diversity internship...I was the first person to hire one of our diversity interns. We are finding really great people, but we are having to do a little more work to bring them into our workforce.”

Other future plans were varied, including development of policy and state plans.

“We drafted a racial equity policy and then once we have vetted that...the next step will be to write an implementation work plan. We are drawing on volunteers from all over the section.”

“We are also looking at, in general, how we create a culture so that we are able to sustain a workforce that represents the communities we serve.”

“It’s an implementation marathon. We are going to keep integrating and weaving it into state health assessments, state health improvement plans and modernization movements happening in public health”.

On a less optimistic note, several participants noted that they couldn’t see a role in future change, or that future change was not yet clear.”

“We would like to [do things in the future] but it needs to come from the organization collectively.”

“We have not made changes at board level of [our] group. I do not know if that will ever happen with the board.”

“I cannot answer yet, because a lot of what we do will be based on what we find in the organizational self-assessment and policy audit.”

“We just know we will do something, have not thought about it yet.”

Interviewees were asked if they felt confident about their ability to integrate or institutionalize health equity policy or inclusive workforce strategies into their organization. Those that reported being slightly or moderately confident were asked to identify specific barriers.

“We could do it but I think the institutionalized bias are so strong. There is a lot of awareness but there are also a lot barriers.”

“I am confident in my position to do it, but from the top, that work is difficult, to get everyone on-board is a challenge.”

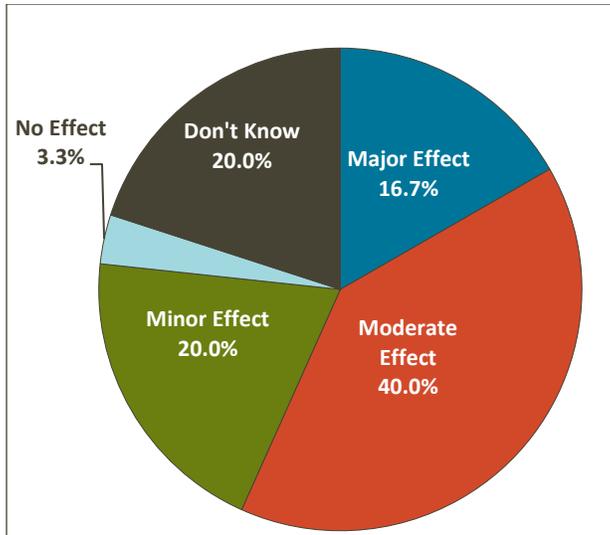
“There are a lot of folks who really speak about health equity, but don’t necessarily reflect on what that truly means. I think that without some of that natural reflection and some of those empathy pieces it becomes a bit of an analytic exercise.”

“It is just the pace in which we will do it. I am a department of one, and there is so many priorities everyone has, so pushing this to make it a top priority is a concern.”

Relationship Building

About two-thirds of participants (60.0%) reported the DELTA Program had a minor or moderate effect on supporting new relationships with communities experiencing inequities.

Figure 12: Effect on Supporting New Relationships between Health Institutions and Communities Experiencing Inequities (N=30)



Generally, the examples given described meeting people within their DELTA cohort as the major avenue for getting to know individuals from communities experience inequities.

“There are plenty of DELTA graduates in our area...I think there is starting to be enough of a mass that we can start working on projects together.”

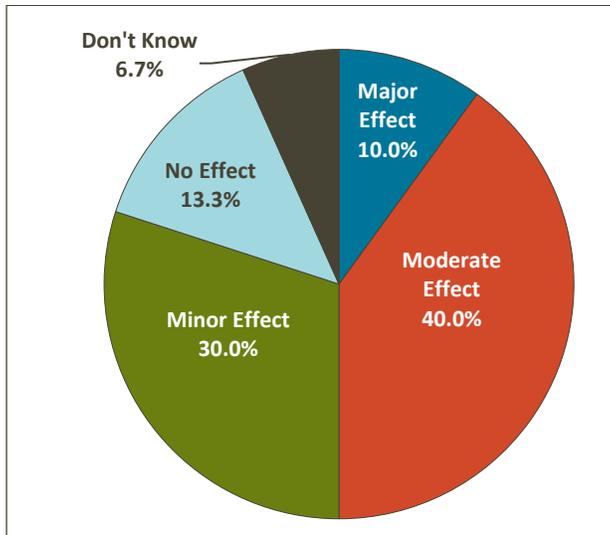
“All of the volume of work, and how many cohorts have gone through from all over the state; it is creating a buzz, changing the way people are doing things.”

“You bring 15 people from all over the state of Oregon, and put them through training; it definitely builds cross-sector relationships. It had a pretty big impact.”

Increased Accountability

Nearly three-quarters of the participants (70.0%) reported the DELTA Program had a moderate or minor effect on increasing accountability between health institutions and communities experiencing inequities.

Figure 13: Effect on Increasing Accountability between Health Institutions and Communities Experiencing Inequities (N=30)



Many participants noted that changing policies and practices is a slow process and they are at the beginning. Hence, evidence of increased accountability may not be seen for several years. Comments like *“ask me in a year from now”* and *“just started to introduce health equity in the conversation, so we need more time”* illustrate this theme.

Several participants reported that they are not at a level in their organization where they would see change in accountability. For example *“I cannot necessarily see from my vantage point how they are actually using [the information I provide].”*

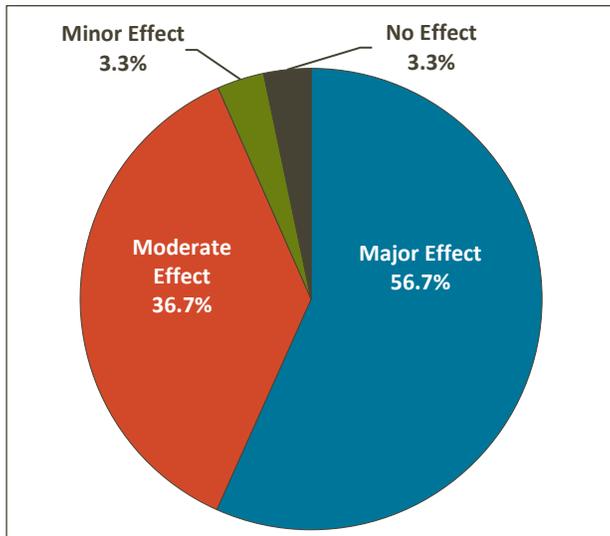
Finally, one participants noted that there is so much going on with regard to transformation in the state that it is hard to keep equity issues a high priority.

“In being less of a priority, we have to show why it is so important, and keep proving the need, and the reason we keep at this. It is a little hard to get the changes to stick...”

Advancing Health Equity

Slightly over half (56.7%) of the participants said that the DELTA Program had either moderate or major effect on their ability to advance and support health equity in program policies and practices.

Figure 14: Effect on Assisting in Advancing and Supporting Health Equity Policies and Practices (N=30)



A number of participants noted that the DELTA Program gave them a framework to intentionally bring health equity into conversations. Others noted that the information about national efforts and about policy and practice change in other organizations made them more aware of the potential for change in their own offices.

“DELTA gave me a chance to be part of a longer term effort around equity...experience what it looks like and feels like.”

Participants also mentioned the importance of conducting their own project and seeing that work result in change in their organization.

“It was nice to have the project for my organization; that was very helpful and impactful.”

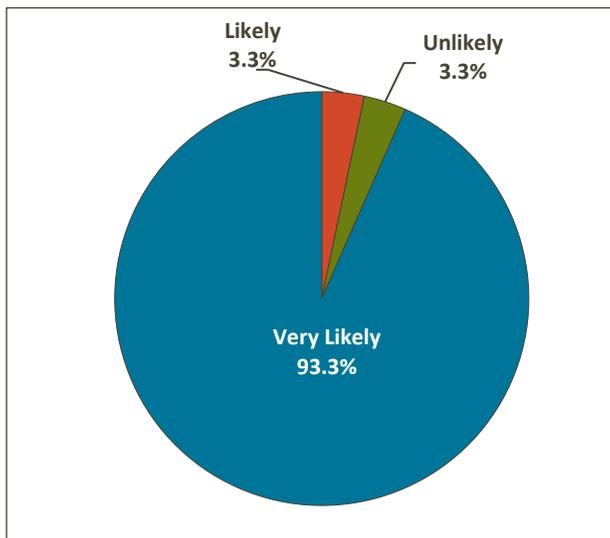
Spreading work on projects over a longer period of time might have been more effective according to one respondent. Being provided with a variety of tools and a framework for understanding and explaining health equity was very important to respondents.

“It was the catalyst, giving me opportunities and space to really focus on this, giving me training and tools I need to get it moving, leveraging whatever else we had going on.”

Recommending DELTA to Others (Q22)

Nearly all (93.3%) of the participants reported that they would be very likely to recommend the DELTA Program to others.

Figure 15: Likelihood of Recommending DELTA to Others (N=30)



Whether they would recommend the DELTA Program to others was a question posed to all interviewees. One respondent, who said they were unlikely to recommend DELTA to others commented:

“I would love more than anything to have people in my program go to DELTA, but so many people have applied and got turned down, I don’t want to put people through that disappointment.”

Most participants reported that they had already told others about DELTA and would do so in the future.

“Do it all the time. When advertisement comes out, I put out a general notice to a wide network. I also forward it to specific organizations. This year I sent it to someone with more lived experience but also a leader.”

“I would love for our whole staff to do it. Probably won’t happen but we will take what we can get.”

“Every single person in public health division should do it. Should be mandatory for all leadership...if you sit in director office you should have taken DELTA.”

“I recommend it every year.”

Other Comments

At the end of the interview, participants were offered the opportunity to make any final comment about DELTA that they wished. Many made positive comments about their experience, including the wish that more people could attend DELTA.

“Just that more people come.”

“I would like to see it continue. Super valuable resource that OEI can offer the state.”

“I would love to see more people [involved in DELTA] ...it would be great to get people in higher leadership levels...Sometimes change happens at the grassroots level, but it is really challenging if we do not get CEO’s and leadership staff to understand the work.”

“The time they give for each topic, diving deep into specific issues that at first don’t seem so important. Like what box do you check for nationality, learning about why it came about, why it is hard for people to even check a box? Once your eyes are opened... they can never be shut again.”

“A big shout out to OEI! Apart from cohort and networking, they are a huge staple that I always look to for resources. I know that at times organizations do not have funding for health equity training...and they were able to assist with funding.”

“I’m grateful. Privilege to be a part of it. I am sad it is over. I’m sad I won’t interact with people I met and with OEI and other programs.”

“It was great to see leaders from the state coming to meet with us.”

“I am so happy to hear they are going to do a behavioral health focus.”

“This is developing me as an individual. I am still coming to terms with some of the realizations that I had after going through the program.”

Many participants had constructive suggestions to offer. Several indicated a need for regular contact among cohort members after they graduate.

“I wish there was a more regular in-person touch point. I know everyone is invited to graduation of new cohorts and the newsletter is great, but I would like a more formal way for people to interact. The community software used is clunky.”

“I wish we had a follow-up. It has been a few years and I wish we could find out how the other agencies and cohort members are doing.”

“If DELTA were to offer a second round—like something for DELTA alumni—more advanced training...How many years of introducing the basic concept without doing any follow-up. Graduates want added support.”

Participants from rural Oregon emphasized the importance of DELTA to the less urban parts of Oregon.

“Impact is invaluable—especially in rural communities. Had it not been for DELTA and the funding of DELTA Program, we wouldn’t have been able to afford to attend from our county...it allowed us to bring back all this expertise for strategic planning and policies...to the community.”

“It’s a great program, I want to see it keep going. I want to see it include [so-called] difficult rural people...Have to start the discussion in a different place than where urban people start discussion. Sometimes people think rural people are racist. I think they have a totally different experience...[rural] people can get there but have to use different language in the discussion.”

“It is offered in a wide scale way and it does reach Central and Eastern Oregon...those areas participating has increased. The west side of the state is getting a lot of this but the east side is not getting anything or far from enough.”

Other comments from individuals included suggestions for revising the training and a concern about whether people at the bottom of the hierarchy could really initiate change in an organization.

“I would have loved to have seen the director of OEI take a more prominent role in the training program, based on her skills and experience.”

“In future trainings, instead of having all lectures, have workshops where participants lead the workshop.”

“I think that the program did an excellent job giving me the skills, but my ability to [make change] is not reliant upon the program. It is reliant on the decision makers, positions of power and Board of Directors.”

Individual Session Evaluations

Participants had the opportunity to attend training sessions throughout the program year. At the end of each session, they provided feedback through individual evaluations. The evaluations included four initial items rating their overall satisfaction (on a 4-point rating scale), which were the same across all of the sessions. In addition, four to nine items asked about the impact the specific training content (on a 5-point rating scale), which varied across each session. Some of those items asked respondents to consider their knowledge or expertise prior to and after the training. Finally, four open-ended items that were the same across all of the trainings gathered qualitative information about the training. In this section, three tables are presented for each training to include findings for those three sections of the evaluations. The first two tables for each training present mean ratings across all participants, and the third table presents alphabetized comments provided for the last four items.

Session 1 – October 2017

Table 1: Orientation, Developing Individual Projects, and Preparing for Authentic Dialogues – Overall Satisfaction (N=17)

[Scale: 1=strongly disagree, 2=slightly disagree, 3=agree, 4=strongly agree]

	Mean Ratings
This training session held my interest.	3.9
The facilitation style of the trainer(s) contributed to my learning experience.	3.7
The trainer(s) effectively led challenging or difficult conversations.	3.8
The handouts/materials support the training/learning in this session.	3.6

Table 2: Orientation, Developing Individual Projects, and Preparing for Authentic Dialogues – Training-Specific (N=17)

[Scale: 1=poor, 3=average, 5=very strong]

	Mean Ratings	
	Pre	Post
I understood the purpose, goals and objectives of the DELTA Program <u>prior to/after</u> to this training.	3.9	4.8
I understood preparing for dialogue on inequities <u>prior to/after</u> to this training.	3.6	4.4
I feel acquainted with other cohort members and understand their motivation for participating in this training program.	n/a	4.2
I share a common vision and project potential for the cohort and DELTA program experiences.	n/a	4.3
How would you rate the value of the information to your job?	n/a	4.7
I took responsibility for being fully present and engaged in this training.	n/a	4.8

Table 3: Orientation, Developing Individual Projects, and Preparing for Authentic Dialogues –Open-Ended Responses (N=17)

What did you learn that is important to you or your work?

Diversity

Everything

I learned about the different organizations that my cohort members come from and all the ways they are involved in health and health equity. I learned about my cohort members and their journey and hopes. I learned about myself and how I view my racial identity and place in the conversation. I learned more about the social construct of race and our biological assessment of race, gender, and age. Though I knew some of Oregon's *actual* history, there were several pieces that I did not. It is important to me to truly understand my history, Oregon's history, before I go about trying to rebuild trust with oppressed communities in my work with the state public health department.

Intercultural Continuum

Oregon History was a great session and so important to know

Principles of health equity

Race, equity, biases

Recognizing my own way of minimizing who I am to fit in.

That even a culturally-specific CBO needs to work on their understanding of cultural differences

That I have a lot to learn

That the process takes time. There isn't a quick save and working at the end goal is what is important. How we respond to cultural differences

That we all understand things differently

The IDI tool (how we respond to cultural differences). The history of oppression and so many folks in OR.

The problem with minimizing individual differences – this helps me understand how and why I feel the way that I do in my current position

The unconscious mind perceptions and possible partnerships with project

There's a test to see cultural difference as a place holder in the journey

We can assess our organizations ability with different tools

Did you learn skills and/or tools that you can apply on the job now?

Accept non-closure, understanding how people respond to culture differences and meet them where they are at.

Diversity

I learned terms and resources that I plan to review.

No (n=2)

Not yet – still learning terms and how they relate to my work.

Sensitive dialogue, empathy, listening, thought-provoking conversation

The continuum that April & Carol presented and handed out (I left it in my desk, so I am not using the right terminology) about where people are when it comes to having dialogue about race and cultural differences was very helpful. It was illuminating to see that there are established levels and transitions for this work, how people approach dialogue about differences...where I am and where I want to be. I think it can be useful when trying to get leadership and staff buy-in to make organizational changes related to health inequities and institutional racism, it gives me context as to where some people and programs in my organization are and how to deepen the conversation to transcend barriers.

Understanding people and where they come from better/increased sensitivity

Table 3: Orientation, Developing Individual Projects, and Preparing for Authentic Dialogues –Open-Ended Responses (N=17)

Yes (n=3)
Yes – Critical Race Theory
Yes – Looking at CLAS requirements
Yes! More resources and ideas of how to institutionalize equity.
Yes, language, definitions and vocab to put with these experienced inequities/disparities
What suggestions do you have to improve the content and/or process of this learning experience?
More on implicit bias
More time for activities
None/Not Applicable (n=7)
PowerPoint slides print out
Sources; clarification; be more culturally responsive and inclusive with materials
Spend longer doing individual private assessments.
Do you have any additional feedback about the training session and logistics?
Again, just grateful for the opportunity to be learning from and sharing with all of you.
Be mindful of time.
Good attempts and work. Effort & energy are positive. Consider getting support and have more active co-facilitation.
Great job! (n=2)
Logistics. It will be nice to have coffee and water for all day. Fruit for snacks.
Maybe more coffee/water – or we could all volunteer to bring snacks, etc.
No/Not Applicable (n=3)
None at the moment. Thank you for putting this together
Thank you so much!

Session 2 – November 2017

Table 4: Communication, Language Access, 1557 of the ACA, Health Literacy – Overall Satisfaction (N=19)

<i>[Scale: 1=strongly disagree, 2=slightly disagree, 3=agree, 4=strongly agree]</i>	Mean Ratings
This training session held my interest.	3.7
The facilitation style of the trainer(s) contributed to my learning experience.	3.7
The trainer(s) effectively led challenging or difficult conversations.	3.7
The handouts/materials support the training/learning in this session.	3.5

Table 5: Communications, Language Access, 1557 of the ACA, Health Literacy – Training-Specific (N=19)

	Mean Ratings	
	Pre	Post
<i>[Scale: 1=poor, 3=average, 5=very strong]</i>		
I understood strategies and reflection for outreach, recruitment, hiring & retaining a diverse workforce <u>prior to/after</u> this training.	3.3	4.1
I was knowledgeable about best practices and impact addressing implicit bias <u>prior to/after</u> this training.	3.0	4.2
I have specific ideas and recommendations for improving diverse hiring, recruitment and retention at my organization.	n/a	4.1
I have specific ideas for reducing implicit bias in my work.	n/a	3.9
How would you rate the value of the information to your job?	n/a	4.3
I took responsibility for being fully present and engaged in this training.	n/a	4.6

Table 6: Communications, Language Access, 1557 of the ACA, Health Literacy – Open-Ended Responses (N=19)

What did you learn that is important to you or your work?

- Be mindful of Implicit bias
- Be OK being uncomfortable = It means growth & it needs ongoing work & focus
- Challenges of identifying bias in a culturally specific CBO
- How to deal with my implicit bias in dealing with others
- How to talk about implicit bias
- How to work on implicit bias and share your learnings with other people.
- I knew that D&I work is part of my HR work but now realize that there can be D&I work and HR work colliding instead of overlapping or coinciding.
- I learned implicit bias exists and it manifests in ways that perpetuate white dominance in the hiring process, retention of diverse staff, and in potential promotions and salary assignments. I learned that 20% of emotional cognition is available to us consciously. The components of de-biasing: 1) awareness 2) exposure 3) accountability
- Implicit bias
- Implicit bias in the recruitment and selection process
- Implicit bias is real and to be honest with myself
- Learning about implicit bias and how it's a process in recruitment, hiring & retention
- Pausing to think, good reminder to ground self
- Specific information (tools) and opportunity to learn more facilitation skills
- That I have a lot of work to do around interviewing, questions, workforce development.
- To be constantly aware of implicit bias in our daily work and culture.

Did you learn skills and/or tools that you can apply on the job now?

- Ask: "What opens you up" "What closes you down"
- I'd really like to encourage our board & key staff to take the Implicit Association test.
- Interviewing awareness, I think about it differently
- Of course
- Some. I need to work more with my organization
- Yes (n=8)

Table 6: Communications, Language Access, 1557 of the ACA, Health Literacy – Open-Ended Responses (N=19)

Yes, hiring & bias

Yes, interview questions & framework to begin the discussion

Yes! So helpful & supportive.

Yes. Asking what opens people up and shuts them down seems like such a mindful way to talk about bias and equity in a work environment. Really enjoyed learning that we are bombarded with 11 million pieces of info in any one moment. Conscious of about 40 of those.

Yes. Many. I hire & supervise many people. Will look at how we do things in our organization. Look at my own bias!

What suggestions do you have to improve the content and/or process of this learning experience?

All the information was great.

Different chairs

Have this topic again before the end of delta

It was great. Nothing to change.

Maybe more all-group discussion (maybe...)

Maybe some handouts with questions, etc.

More time :)

My only suggestion would be more talk about workplace culture, running meetings, etc. because many of us aren't in the position to hire. I'd love to learn more about implicit bias in running day to day processes in the workplace.

None/Nothing (n=3)

Today was good

Tool provided beforehand so that we can come prepared & ask more detailed questions. For ex: having the organizational workplace culture survey

Do you have any additional feedback about the training session and logistics?

Everything was perfect, except the sitting arrangement. Some people were outside of the circle.

Great space, conducive to learning

Great. Love the place. I really appreciate moving to different places and encouraging us to be casual.

HUGELY grateful to John & his wife for the amazing location and their hospitality. The energy there was fabulous & John is so motivating, open, kind & experienced. So grateful!

I really enjoyed the scenarios and tangible resources/handouts. I appreciated the presenter's personal stories & background.

It was awesome & a great location!

It was great, very grateful for this experience & information.

No/None/Not Applicable (n=4)

Nothing...but the bathroom situation could be improved.

Really enjoyed John, his style, his presentation, and his meeting place. Very thoughtful and engaging. Wish Leann could have been there. I was negatively impacted by [redacted] comments related to confronting bias as a black male...and other things she has asserted during the cohort. I know a few others were also hurt. I raised my hand to confront her comments, but said never mind when I saw time.

Thanks

Session 3 – December 2017

Table 7: Session 3: Implicit Bias; Workforce Recruitment, Hiring & Retention – Overall Satisfaction (N=14)

[Scale: 1=strongly disagree, 2=slightly disagree, 3=agree, 4=strongly agree]

	Mean Ratings
This training session held my interest.	3.4
The facilitation style of the trainer(s) contributed to my learning experience.	3.4
The trainer(s) effectively led challenging or difficult conversations.	3.3
The handouts/materials support the training/learning in this session.	3.6

Table 8: Implicit Bias; Workforce Recruitment, Hiring & Retention – Training-Specific (N=14)

[Scale: 1=poor, 3=average, 5=very strong]

	Mean Ratings	
	Pre	Post
I was knowledgeable about messaging strategies to communicate effectively across literacy levels <u>prior to/after</u> this training.	3.2	4.2
I was knowledgeable about policies and addressing access barriers to services <u>prior to/after</u> this training.	2.7	4.1
I have specific ideas for assessing and revising materials in my work.	n/a	3.9
How would you rate the value of the information to your job?	n/a	4.3
I took responsibility for being fully present and engaged in this training.	n/a	4.6

Table 9: Implicit Bias; Workforce Recruitment, Hiring & Retention – Open-Ended Responses (N=14)

What did you learn that is important to you or your work?

Barriers to health literacy and overcoming them

Communication matters

Different ways to communicate effectively

Directive, explicit; health literacy guide in commercial

Improvements in legislature that help

Plain language was very useful

Plain speak; translation beyond language

The health literacy and how to address and bring awareness to it.

To apply health literacy "checklist" in all aspects of my job - not just the member or community work. I.e.: new hire forms, supervisor/employee trainings.

To write clear w/effecting communication materials.

Ways to break-down text to make message clearer & names of software that can help

Ways to edit written materials for plain language. Regulations re: ACA for language accessibility

Did you learn skills and/or tools that you can apply on the job now?

Awareness to health literacy

Getting policies written & posted appropriately.

Resources; A form to break it down

Techniques for making written materials easier to read

Table 9: Implicit Bias; Workforce Recruitment, Hiring & Retention – Open-Ended Responses (N=14)

Yes (n=6)
Yes communication in plain language
Yes, concrete tools
Yes. Ideas for tools and resources, training, communication
What suggestions do you have to improve the content and/or process of this learning experience?
Fidget items
Less slides
More case studies
More materials online
More opportunities for movement
More Pop Ed, less lecture, less reading the slides
More than one day on that
None/Not Applicable (n=2)
Possibly diving into actual tools mentioned or metrics involved.
Sending us materials ahead of the training.
Time was too short to go into more details.
To go through the content slower, the info went by quick
Do you have any additional feedback about the training session and logistics?
Appreciate the breaks
Both were great. More time for Mavel would have been great but everything was so valuable
Extra group activities would be helpful!
Loved the location, love traveling for the training, food was great!
No/None (n=2)
Overall, this was an enjoyable, different learning format than previous DELTA sessions. I have enjoyed all sessions but some are more emotionally exhausting :) This was a nice change as it was more info presented and not as interactive.
Thank you (n=2)
Thank you for the nice space and great food!
Timing

Session 4 – January 2018

Table 10: Demographic Data Collection – Overall Satisfaction (N=15)

[Scale: 1=strongly disagree, 2=slightly disagree, 3=agree, 4=strongly agree]

	Mean Ratings
This training session held my interest.	3.6
The facilitation style of the trainer(s) contributed to my learning experience.	3.5
The trainer(s) effectively led challenging or difficult conversations.	3.5
The handouts/materials support the training/learning in this session.	3.4

Table 11: Demographic Data Collection – Training-Specific (N=15)

	Mean Ratings	
	Pre	Post
<i>[Scale: 1=poor, 3=average, 5=very strong]</i>		
I understood how the collection and use of demographic data can identify health disparities and advance health equity <u>prior to/after</u> this training.	3.5	4.3
I was knowledgeable about best practices, standards and requirements for demographic data collection <u>prior to/after</u> this training.	2.9	4.0
I have specific ideas and recommendations for improving demographic data collection at my organization.	n/a	4.8
I have specific ideas for integrating health equity measures into my organization.	n/a	3.9
How would you rate the value of the information to your job?	n/a	4.3
I took responsibility for being fully present and engaged in this training.	n/a	4.4

Table 12: Demographic Data Collection – Open-Ended Responses (N=15)**What did you learn that is important to you or your work?**

Data collection, survey prep tips; popular education takeaway; how to talk about collecting data, cost affection, bottom line, return
Data collection methods and available data
How to collect data; what to collect; what data needs to be collect correct way; resources available; why to collect
I learned about the various tools to analyze data & I also took away ways in which data in and of itself can tell the story of the researcher for the researcher should pay attention to their own biases.
I loved learning about the REALD tools/resources
I loved OMB history & current issues. I learned more about ACA 4302, how important data collection design is, why language & disability data is so important for health outcomes, trauma informed lens is crucial, how best to explain why we collect it, how messaging is important, benefits of REALD, importance of community input
Lots of knowledge as well as best practices/tips, how to engage Latino/Hispanic population & how to better collect race/ethnicity time (sic)
So much, but most glaring our ability to collect more clear data on ethnicity, race, and proficiency.
The importance of collecting data and using REALD
The importance of data collection.
The why and importance of stating my "argument." And the importance of data.
Why should we collect and use demographic data.

Did you learn skills and/or tools that you can apply on the job now?

I think so, it takes me a while to process information. The terminology is still getting recorded in my brain
Measurements for equity, how to measure
No, my position & org don't collect demographic data
Yes (n=6)
Yes, I also learned about the upcoming potential changes that may impact how my agency would collect data in the future.
Yes, some good tools and resources

Table 12: Demographic Data Collection – Open-Ended Responses (N=15)

Yes. Definitely changing our demographic forms.

Yes. I am working with leadership in my section to bring trauma informed approaches to race/ethnicity data collection. The course was so relevant.

Yes. Look at forms we use, what is needed to train staff. Updates that need to be made

What suggestions do you have to improve the content and/or process of this learning experience?

Different way of providing learning to accommodate different learning styles

I believe the materials will all be made available on the DELTA site, which will be way helpful to review & use

Information was a bit wonky for me.

Marjorie's presentation skipped a lot & focused on things not as relevant. Maybe more clarity; more cohesive.

More dynamic, less didactic presentations

None/Not Applicable (n=2)

None. It was my favorite thus far.

Real examples from other organizations about CLAS. REALD

REALD was a lot of information to process. Would have been easier to understand if it was presented with more examples or if it was more interactive.

Room temperature

This was the best session so far. Thank you!

Do you have any additional feedback about the training session and logistics?

Always enjoy this time & training. Learning so much. Thank you!

Calendar details for future sessions & locations to start planning

Favorite speaker/content so far: Ignatius Bau

Great session! Thank you so much!

Great training! I enjoyed it.

Maybe next time, we can have the Hood River session in February or March when it's less cold?

No/None (n=2)

Great location & beautiful area!

Thanks

The info is good. Would be nice to have a change to apply it.

The style of the presentation was not the best. I felt like I was getting talked at too much. It could be more interactive

Session 5 – February 2018

Table 13: Equity & Empowerment Lens Tool for Program Change, Community Engagement, Historical Trauma, & Wellness – Overall Satisfaction (N=14)

[Scale: 1=strongly disagree, 2=slightly disagree, 3=agree, 4=strongly agree]

	Mean Ratings
This training session held my interest.	3.8
The facilitation style of the trainer(s) contributed to my learning experience.	3.9
The trainer(s) effectively led challenging or difficult conversations.	3.6
The handouts/materials support the training/learning in this session.	3.6

Table 14: Equity & Empowerment Lens Tool for Program Change, Community Engagement, Historical Trauma, & Wellness – Training-Specific (N=14)

	Mean Ratings	
	Pre	Post
[Scale: 1=poor, 3=average, 5=very strong]		
I was familiar with historical trauma and its relationship to community engagement <u>prior to/after</u> this training.	3.6	4.6
I was knowledgeable about best practices in assessing for impact equity <u>prior to/after</u> this training.	3.0	4.2
How would you rate the value of the information to your job?	n/a	4.7
I took responsibility for being fully present and engaged in this training.	n/a	4.6

Table 15: Equity & Empowerment Lens Tool for Program Change, Community Engagement, Historical Trauma, & Wellness – Open-Ended Responses (N=14)

What did you learn that is important to you or your work?

Colonization
Decolonization and the tools for trauma & healing
Everything! Really.
How important it is to implement your plan & action & not just talking about it. Even if its small acts.
It's about baby steps. Community work starts with me and my baggage.
Loved the hands on practice with the equity lens.
Project discussion was very helpful (breaking down)
That I can make/create an equity & empowerment lens to give away.
the interconnection between trauma & community engagement
Trauma wellness and tribal info. Equity & Empowerment lens. Training application
Trauma, healing, equity & workplace for people of color
Who and what voices to elevate and how it relates to a universal goal (John Powell)

Did you learn skills and/or tools that you can apply on the job now?

5 Ps will help outline my project structure going forward
Absolutely!
Definitely

Table 15: Equity & Empowerment Lens Tool for Program Change, Community Engagement, Historical Trauma, & Wellness – Open-Ended Responses (N=14)

Healing journey tools
 Healing process and purpose process
 Yes (n=3)
 Yes - a lot of what Ben Duncan shared is applicable. Especially the Equity& empowerment lens.
 Yes equity lens and also trauma activity.
 Yes equity lens and also trauma activity.
 Yes, the 5Ps and inserting my project

What suggestions do you have to improve the content and/or process of this learning experience?

Assessing tools
 Equity & Empowerment could be FULL DAY
 More time in class or guidance from DELTA/OHA staff on project work
 None/Not Applicable (n=2)
 None - This was great! Thank you
 Nothing I can think of. This was a great training.
 Nothing. It was really awesome.
 Thanks
 To let a little more space to share our own stories.

Do you have any additional feedback about the training session and logistics?

Appreciated the space & the care given at this session
 Awesome session with lots of deep info that I feel I need to process.
 Both speakers were incredible!
 Food was good. People using their laptops was a little distracting. I could hear the beep of e-mails.
 Map of available parking. Description of training site. Starting at 9am for longer commute times.
 N/A
 No computer typing - some note takers made it hard to listen and focus due to typing loudly.
 Sorry I couldn't stay I was really enjoying Jillene's time.
 Thanks

Sessions 6 & 7 –March 2018

Table 16: Leading for Health Equity; Projectizing, Reviewing & Recalibrating your Work with Privilege & Power in Mind – Overall Satisfaction (N=12)

	Mean Ratings
This training session held my interest.	3.6
The facilitation style of the trainer(s) contributed to my learning experience.	3.6
The trainer(s) effectively led challenging or difficult conversations.	3.5
The handouts/materials support the training/learning in this session.	3.5

Table 17: Session 6 & 7: Leading for Health Equity; Projectizing, Reviewing & Recalibrating your Work with Privilege & Power in Mind | March 2018 (N=12)

	Mean Ratings	
	Pre	Post
<i>[Scale: 1=poor, 3=average, 5=very strong]</i>		
This training session held my interest.	n/a	3.6
The facilitation style of the trainer(s) contributed to my learning experience.	n/a	3.6
The trainer(s) effectively led challenging or difficult conversations.	n/a	3.5
The handouts/materials support the training/learning in this session.	n/a	3.5
I was knowledgeable about measuring and addressing health equity strategies <u>prior to/after</u> this training.	2.7	3.8
I was confident that I can approach health equity in my organization and the communities that we serve with intentionality <u>prior to/after</u> this training.	2.7	3.8
I was knowledgeable about individual and systemic impact of power <u>prior to/after</u> this training.	3.5	4.3
How would you rate the value of the information to your job?	n/a	4.3
I took responsibility for being fully present and engaged in this training.	n/a	4.4

Table 18: Leading for Health Equity; Projectizing, Reviewing & Recalibrating your Work with Privilege & Power in Mind – Open-Ended Responses (N=12)

What did you learn that is important to you or your work?

Beginning to sell this to systemic systems

Building a network. Practice in talking & thinking about difficult things, in a supportive environment

Challenging discussions

concrete skills & tools

Examples of how other have institutionalized equity. Gilda was A+!

How to break things down and we use the CLAS Standards

The first day I enjoyed diving deeper into power and privilege. The second day it was nice to have some specific tools.

Tools to use

Did you learn skills and/or tools that you can apply on the job now?

Absolutely

First day I learned about a lot of work (Ted Talks, etc.) that I want to investigate further. The second day, I was familiar with all the tools shared but it was nice to be pushed to use them.

Not yes, until I get to the project implementation

S.W.O.T.

Strategy map - goals & metrics for project

Yes (n=2)

Yes - plain language, trauma web, community engagement

Yes, measurement tools & pivot techniques & plain speech

Table 18: Leading for Health Equity; Projectizing, Reviewing & Recalibrating your Work with Privilege & Power in Mind – Open-Ended Responses (N=12)

What suggestions do you have to improve the content and/or process of this learning experience?

Add a talking point about how to engage in a difficult conversation

I felt the second day was too prescribed & linear but I did like time in between to be active.

Measurement tools in advance so we have time to try.

More interaction.

None/Not Applicable

None, it was great!

Room was warm

Do you have any additional feedback about the training session and logistics?

2-day is a lot to digest. 1 day has been better for me personally.

2-day was nice to get more done and not feel so rushed through the materials.

2nd day was very lecturey

I thought the facilitators were great and this was the most tangible & concrete training as far as application.

It was great! I appreciated two days - especially in the furthest location.

It's actually nice to get away & be surrounded in this work but I feel like the second day wasn't the best use. I would have loved to have some more time for two-day work with John Lenssen in particular for the deeper work.

Thank you

Post-Program Survey

Following their participation in the DELTA Program, participants completed a post-program survey. The following section presents the data from this survey that was administered by OEI.

All 12 respondents were still working at the same organization they worked at when they began the DELTA Program in October 2017. One-third (33.3%) of participants' organizations were a sponsoring partner of the 2017-18 DELTA Program. Table 19 provides verbatim responses (in alphabetical order) regarding the strategies that would be helpful for others planning to invest in the DELTA Program.

Table 19: Strategies Helpful for Others Planning to Invest in DELTA (n=7)

A proposal template would be very helpful, maybe even coming from OHA for example. Also, since \$10K is a lot of funds, a very early request should be made so that it gets in as a budget line item. Also, I think OHA should work towards making sponsorship or DELTA attendance for 4 people a requirement.

I did not understand the financial piece at the beginning and I know my section did not either when they committed to sponsoring.

I think that all health care organizations should extend DELTA training to their leaders . Having a well defined project to start the project is needed to get the most out of the training and ensure the best fit.

Proposing the value that Equity is being mandated in PH modernization for local health departments.

Reiterating the time needed each month. Drive time, meeting time, time needed to complete the project, etc.

Speak with previous DELTA alumni on what their experience was and if they are using the tools learned within their organizations. Offer opportunities for co-sponsorship to occur. Partner with local organizations that would benefit from their participation when program completed. Offer city/town buddies for participants foreign to the region if staying overnight. Maybe give a little history of the area. Be more intentional when offering video /call conference options accessibility, and designate a co-facilitator to engage long distance participation. Have at least two participants represent their region. Increase outreach for more remote areas of the state.

They need to know more about the program.

Respondents were asked to think back to when they applied to DELTA and identify any initial barriers or challenges that concerned or interfered with their participation. Table 20 shows that personal and leadership/management buy-in were the most common barriers or challenges.

Table 20: Initial Barriers or Challenges to Participation (n=12)

[presented in descending order of frequency]

Personal	33.3%
Leadership/Management buy-in	33.3%
Travel	25.0%
Professional commitments / work	25.0%
Timing	16.7%
Readiness	8.3%

Table 21 shows suggestions offered by respondents to increase participation in all of the sessions.

Table 21: Suggestion for All-Session Participation (n=4)

I think a heads up that the conversation may be uncomfortable.

Not be far from Portland, especially the overnight one. That is not easy for people who are single parenting.

Not on OEI's side, but making sure applicants have some type of project management skills.

Offer childcare/care-giving stipends. Be more intentional on alternate way of attending for long distance participants. Have schedule available ahead of time and region for planning purposes. Partner with local orgs like Big Brothers/Big sisters to provide child care if parents if stipends aren't offered.

Participants were presented with a series of equity, diversity, and inclusion concepts and asked to identify their agency's current point in the development process for each. Table 22 presents the distribution of those responses.

Table 22: Organization Development Process Stage (n=12)

	No Plan (No Intention to Develop)	No Plan (Intention to Develop)	Developing Plan	Have Plan	Not Applicable
Community Engagement with a Historical Trauma Lens	0.0%	25.0%	58.3%	16.7%	0.0%
Diversity Hiring & Retention (Workforce Development)	0.0%	8.3%	58.3%	25.0%	8.3%
Race, Ethnicity & Language Data Collection & Analysis	8.3%	8.3%	41.7%	41.7%	0.0%
Health Literacy/Material Revision	8.3%	8.3%	50.0%	25.0%	8.3%

Table 22: Organization Development Process Stage (n=12)

	No Plan (No Intention to Develop)	No Plan (Intention to Develop)	Developing Plan	Have Plan	Not Applicable
Language Access Policy(ies)	0.0%	0.0%	33.3%	58.3%	8.3%
Strategic Health Equity Planning/Measuring Success	0.0%	8.3%	75.0%	16.7%	0.0%
Examining Unconscious/Implicit Bias	8.3%	8.3%	75.0%	0.0%	8.3%
Utilizing an Equity & Empowerment Lens (or 5Ps)	0.0%	33.3%	58.3%	8.3%	0.0%
Examining Privilege & Power	16.7%	25.0%	41.7%	16.7%	0.0%

Participants were asked to what extent the DELTA training helped with them developing a plan in their organization for incorporating equity, diversity, and inclusion concepts. The majority (75.0%) of the participants reported that the DELTA training helped “very much.”

Figure 16: DELTA Training Helped Develop Organizational Plan (N=12)

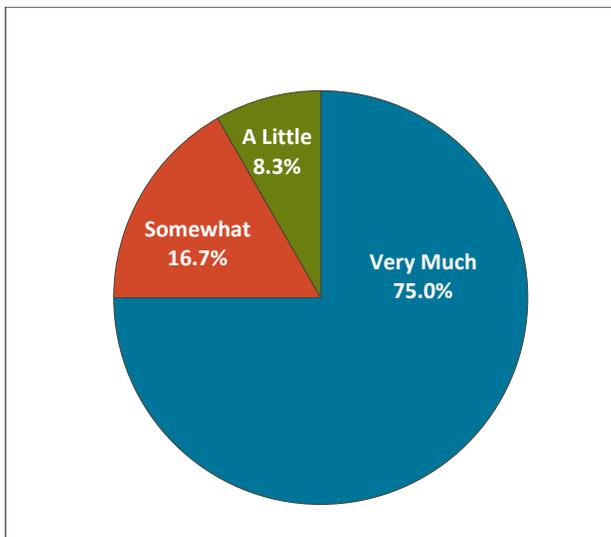


Table 23 presents examples (in alphabetical order) of how DELTA helped participants develop or implement a plan.

Table 23: Examples of How DELTA Program Helped Develop/Implement a Plan (n=12)

Although we have the equity plan, we need to be more effective and that's what I learned from the program

Examining Privilege and Power is something that Trauma Informed Oregon has been more committed to since my involvement in the DELTA Program. We have been reviewing our current trauma informed care trainings and their need to be more inclusive and reflective of historical trauma and oppression.

Expanded the sense of clear/plain language concepts. Added to the knowledge of incorporating a dominant culture lens when retelling the above concepts and how bureaucracy shows up.

Gave us lots of potential tools and the motivation to do something. We were doing nothing prior to DELTA

Giving me the opportunity to conduct an equity assessment

Ideas on what other organizations are doing

In general, looking at all of our work plans, policies, procedures with an equity lens.

It helped me in developing a plan to measure health equity for more quality metrics than we have currently , esp. including Hep-C treatment.

The sessions gave me concrete information to draw from, making me feel more knowledgeable and capable of pushing for organizational change. Once I felt knowledgeable, I felt capable of informing others and doing so with urgency. That urgency helped to move us to developing plans.

We have a plan to implement an equity lens across the agency.

Working trying to get updated forms to include more thorough questions regarding disabilities.

Working to improve access to services by improving language access

Over three-quarters (83.3%) of participants reported that they were “somewhat” confident in their ability to address challenges and barriers to health equity as a result of their participation in the DELTA Program. The remaining 16/7% reported being “very” confident.

Almost all (91.7%) of participants reported that there are barriers in their organization to developing or implementing equity plans. Table 24 presents the barriers they faced (in alphabetical order).

Table 24: Barriers Faced in Developing/Implementing Plans (n=11)

Being a rural organization where these concepts are not being brought to the table, overall awareness and staff bias and education gap with equity and what that looks like with staff

Leadership (board level or top exec) is not willing, yet to invest in TIME to move forward but yet thinks it is important. Board level is not aware of what I have done but I have a plan to propose it.

Leadership buy-in

Resources, employees are strapped.

Section manager, medical director. Largely white male members of leadership and our medical director. The state epidemiologist too.

Some people need to know more about that, and believe on the diversity and equity support. It is the practicing of what we learned and what we say.

Table 24: Barriers Faced in Developing/Implementing Plans (n=11)

Sustainable resources: it is an add on to the exiting work.

The size of the organization and nature of how change occurs in government agencies.

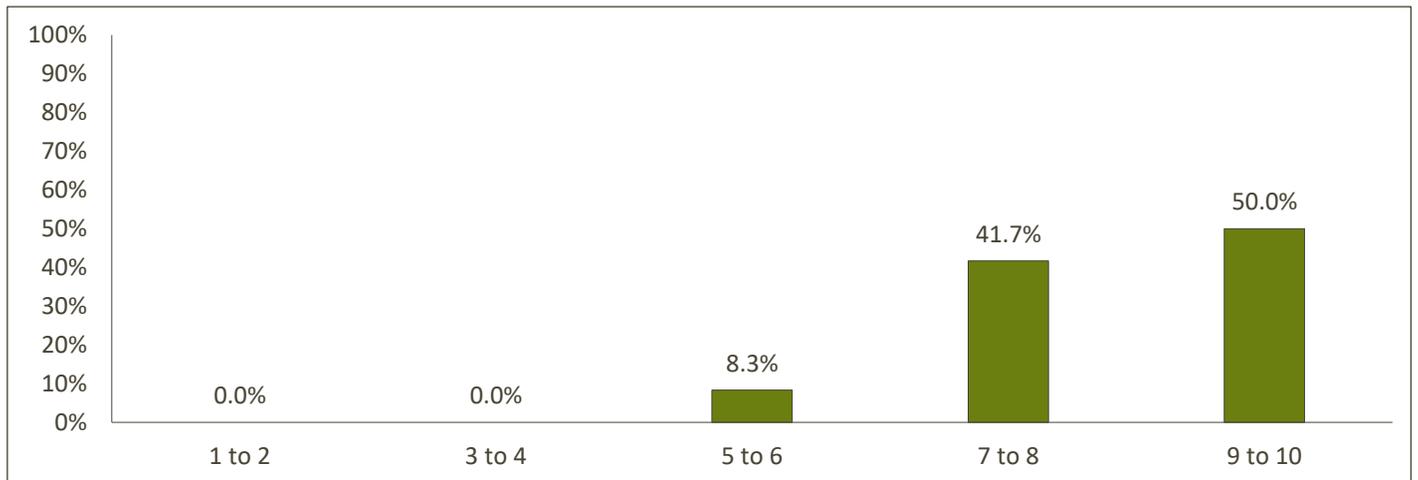
Time, capacity and resources

Timing and resources

Working with all passing white folks, being the only person of color, contractual obligations, buy in and hesitation coming from minority communities

Respondents were asked to think about the DELTA program as a whole and identify how much it increased their knowledge and ability to move health equity plans forward. They rated the increase on a scale of 1 (not at all) to 10 (absolutely). Figure 17 presents the distribution of responses. The majority of participants (91.7%) were at the upper end of the scale.

Figure 17: Degree to which DELTA Program Increased Knowledge and Ability to Move Health Equity Plans Forward, Scale 1=Not at All, 10=Absolutely (n=12)



Respondents were asked to identify which of the 15 CLAS Standards their project addressed. Table 25 presents them in descending order by frequency.

Table 25: CLAS Standards Addressed by Projects (n=12)

[presented in descending order of frequency]

Provide effective, equitable, understandable and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs.	66.7%
Educate and train governance, leadership and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.	66.7%
Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.	58.3%
Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.	58.3%
Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices and allocate resources.	50.0%
Recruit, promote and support a culturally and linguistically diverse governance, leadership and workforce that are responsive to the population in the service area.	50.0%
Partner with the community to design, implement and evaluate policies, practices and services to ensure cultural and linguistic appropriateness.	50.0%
Establish culturally and linguistically appropriate goals, policies and management accountability, and infuse them throughout the organizations' planning and operations.	41.7%
Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.	41.7%
Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.	33.3%
Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.	33.3%
Create conflict- and grievance-resolution processes that are culturally and linguistically appropriate to identify, prevent and resolve conflicts or complaints.	33.3%
Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.	25.0%
Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents and the general public.	25.0%
Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into assessment measurement and continuous quality improvement activities.	16.7%

Participants were asked to describe additional activities they or their organization engaged in related to equity, diversity, and inclusion since beginning in the DELTA Program. Table 26 presents those responses in alphabetical order.

Table 26: Engagement in Additional Equity, Diversity, Inclusion Activities (n=12)

Community partnerships with fields that were not looked at in the past, such as LGBTQ and Early Learning agencies.

Instilled equity focus in decision-making processes through the organization. Began application for funding for a regional health equity collaborative that will assess equity knowledge and needs and work towards creating multi-sector training's within the next 3 years.

KPNW Regional Quality Summit in February 2018 kicked off with the summit with the importance of Health Equity.

Language access to Micronesian populations, screening of unnatural causes, hiring of 2 staff members to create a more diverse workforce

My project became overhauling Acute and Communicable Disease Prevention's entire effort towards health equity. I also spent time and effort writing a paper that discusses all the ways health equity intersects with our work, largely focusing on race disparities in disease data and the quality of our data and analysis.

N/A

Parent communication and parent engagement programs.

Table 27 presents the upcoming, planned activities for the next six months (May-November 2018) identified by respondents.

Table 27: Upcoming Activities in May 2018 – November 2018 (n=12)

A train the trainer for youth on Trauma Informed Care. The training created and presented by youth. Additional/Supplemental TIC trainings that address historical oppression of native populations and African Americans.

Considering the feasibility of an RHEC.

implementation of findings from assessment to include workforce training on appropriation of cultural responsiveness, data collection

Meet monthly with health equity collaborative and apply for funding, present to CCO board on DELTA experience and projects, Review of program manual and forms with an equity lens.

Monthly health equity meetings that are really deep and full now (wish leadership would give us more time), in-depth trauma informed care training for state communicable disease and local health dept. workers, creating and rolling out a training for those same workers for collecting REAL D (which is now live in our database), health equity assessment of ACDP (from Coalition of Communities of Color) scheduled for next 6 months

N/A

Partnership with North and Southern California Regions of best practices in to elevate Health Equity.

Table 28 presents the health equity-related shifts respondents have seen in their own attitudes or behavior as a result of the training they received. They were encouraged to think of changed being related to power and privilege, implicit bias, cohort relationships, etc.

Table 28: Health Equity Shifts in Attitudes and Behavior (n=12)

Ability to speak up.

Acknowledging that we all have implicit biases and need to work on them

Being more sensitive to the disabilities or issues people might have.

Community relationships

I become more aware of my implicit bias and take that into consideration when making decisions, I feel more confident in talking about Equity, as I know I have a cohort who supports me.

I have always been someone with a strong sense of social justice and discomfort when systems seemed unfair. As a result of DELTA, my brain is constantly on overload. I am always questing my own potential biases, looking at balance of power, looking for areas where improvements can be made to reach more equitable solutions.

I have more insight to the work being done across the state regarding Equity through the participants at the DELTA program, and the OHA staff disclosures. I feel more confident to involve and reach out DELTA alumni that share community space meetings and refer to the CLAS standards, plain language and racial justice lens because DELTA talked about them.

I think the community engagement and empowerment session is what I gained the most knowledge from. The other sessions I had previous knowledge of the topic, but the community engagement/empowerment session was so helpful in learning about where you and your organization should be before approaching this work. Communities know what they need to be healthy and we just need to give them the data and tools to help them inform us of where our priorities should be.

Increased awareness of my own implicit bias and 'not so obvious ways that privilege shows.

Increased awareness of privilege and systemic discrimination.

Power and privilege, looking at everything through an equity lens.

The most important shift I have seen is learning that for me it's not just a few trainings and checklists but an ongoing journey and continuous intentions of self checking and reflections of my own privilege being with Trauma Informed Oregon as well as my lack of privilege internally. I have to everyday wake up with intention and re-train my brain to think of who are we leaving out and who are we elevating as well as who benefits and if it's at the cost of another group. I started to have these questions during the DELTA program and I will contribute that to the implicit bias training and the history of Oregon Training. Those two trainings were important in my DELTA Journey because I was able to become aware that certain agencies and organizations are a part of that history and it is important that we do not repeat those wrongs and/or correct them. I feel as though I can genuinely and knowledgeably talk about oppressed voices and elevate them within the work that I do on daily basis. DELTA has also afforded me the opportunity to meet folks that are inspired, motivated and passionate about this work which has played a huge role in this experience and I have learned so much.

Table 29 presents respondents' thoughts about how they might be a better leader, in health equity or otherwise, after participation in DELTA.

Table 29: Improved Leadership in Health Equity as a Result of DELTA (n=12)

Ability to 'speak the language' in a genuine and authentic way.

By asking the right questions to the right people in order to get buy-in to make positive changes within our organization.

Having the confidence of being informed about this particular subject has changed my life and my career path. It is career defining.

I can say that I really learned something, which is new for me. I knew and practiced health literacy, but now I feel that I am more efficient on that.

I have more confidence and knowledge regarding an array of DEI issues. I can speak to them more decisively.

I think just being more aware. DELTA has taught me that there is still so much work to be done and to expect gradual change. In order to be that change is to make that change within in my own personal professional life and model it and hopefully that will inspire others. I want to become a better listener of the community we serve, I am now meeting these communities and allowing them to tell us what they want and/or may or may not need and to let that drive what we do instead of making the assumption we are the experts.

I think, holding the mirror up to our community partners and pointing to the tools is a great way to increase leadership skills and amplify community voices.

Making an effort to put Equity at the forefront and use a lens of Equity in every event that we do or meeting I attend. I believe addressing 'oops' and 'ouches' and phrases that offend other communities.

More knowledgeable. More access to resources

The impact of DELTA has not just made me more aware of the voice for equity in my work but also in my personal life. I am involved in many activities for youth in our region from sports, to reading to robotics. I see now so many inequities in all of these area's and am working on sharing my opinions with others who may have the power to alter the processes and also make changes myself when able.

Yes! and it's a life long journey

Respondents were asked to identify the extent to which they were able to establish relationships with others in the training. Figure 18 shows the distribution of responses.

Figure 18: New Relationships Established with Others in the Training (n=12)

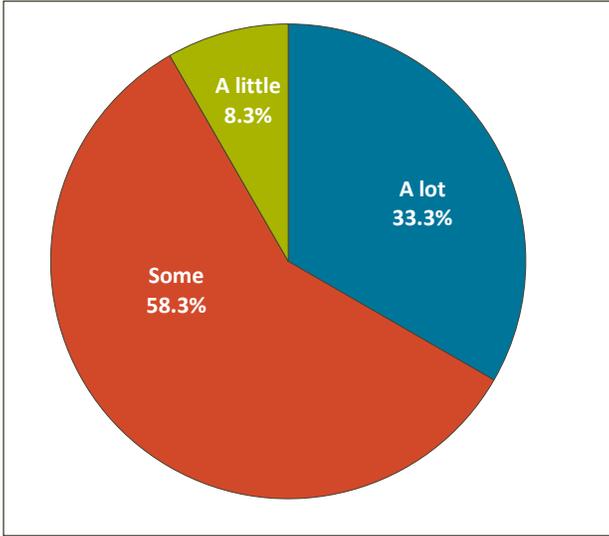


Table 30 lists the ways respondents envisioned the relationships they made helping them advance health equity in the future.

Table 30: New Relationships Advancing Health Equity in Future (n=12)

Connect with the cohort on questions and projects I may have.

Continue to keep in touch with cohort members, share success stories and best practices

Future collaboration projects.

I am so honored to have shared the experience with those in the room. The fact that we were so diverse in experience, in our work and backgrounds made it so rich. I think our work could be reflected as a web throughout Oregon. We each have our own small impact but together you could see a really big one.

I can utilize them as support, for questions or resources.

I enjoyed seeing other perspectives to this work. Since I sit at state level, it was great to hear about what a person at the local health department level was dealing with, and what a community organization was dealing with, and what other partners in this work were facing. You get so siloed in your own work, especially when you are not dealing directly with the people and communities that are affected. I appreciated learning about the organizations and programs being administered that actually are dealing with people, not just data. And because many of the organizations that had employees in my cohort dealt directly with marginalized populations I wanted to draw upon their knowledge. I reached out to several of my cohort members during my cohort. The people who were not responsive were the people who ended up not completing the program.

networking and collaboration on future projects with cohorts that work inside and outside my agency.

Partnerships are so important to prevent recreating the wheel, as well as, being able to get in touch with the right people to assist with possible barriers.

The cohort provided peer support that went beyond just the trainings. It can be very isolating doing this work, especially being a POC. So it was great to have the support and to also be understood in the struggle of it all. Similarly, I found allies that are authentically wanting to make

Table 30: New Relationships Advancing Health Equity in Future (n=12)

efforts to advance this work and those relationships are just as important.

The community partnership will help me in planning my future training and educations.

The partnership is a big thing, I have identified organizations and people I want to partner with in the future.

Unsure, perhaps, as occasional consults.

Table 31 presents respondents' ideas about other things OEI could do to help build meaningful connections during the training.

Table 31: Ideas for OEI to Build Meaningful Relationships at Training (n=9)

Do team building sessions during lunch hour to build more connections

I think the 2-day version was a great one for bonding with the cohort. Other than that, I think a big effort was made to connect us in the room when we met and it was impactful, real and very valuable

I think, OEI is doing great here by providing a platform for alumni to have each other's contact or way to contact each other. Being able to see what other fellow alumni worked on has been inspirational to continue working.

I would love to have heard more in depth information about each person's job and how it intersected with health equity. I think I had an understanding of where people worked but not of exactly what they did.

More sharing of each other projects earlier on

Not sure.

OEI did a great job getting the whole group together. Perhaps, assigning a partner or small group at the beginning.

Other than the overnight session at Coos Bay, we did not have any time to actually build connections. Members are sometimes busy checking email on lunch. I know it is hard to coordinate travel and everyone has a hectic schedule, but maybe have more time for sharing during the training or even more of a guideline for project partners to share and learn from each other. My project partner and I had completely different projects and neither of us could offer each other any help

Regional 'mandated' sessions/small trainings?

Table 32 presents respondents' suggestions for how OEI or the DELTA cohort network could be more helpful serving as a resource to them and their organizations.

Table 32: Ideas for OEI / DELTA to Help Serve as a Resource to Organizations (n=8)

Continuing to share upcoming trainings, allow us to share our work and information with each other. I think as time goes by we may forget that we have each other. Perhaps an annual reunion (with a learning component in it so people would come) would be helpful but definitely reminders that we need to continue to share.

Have quarterly meetings with all cohorts as a not too formal sharing / learning sessions: Lunch and Learn's.

I already invited some of the cohort members for future activities of my organization.

I can be able to ask a question to the cohort and get feedback/resources for work towards equity.

I love the discussion board. If we could continue to be a part of that and receiving updates and resources through in that format would and has been very helpful.

I think because OEI is a OHA program I felt that OEI has already been very helpful. I don't think there is widespread understanding among PHD staff that OEI exists and has valuable resources on their website and staff who can help point you in the right direction if you are looking for something. I wish everyone in PHD could attend DELTA.

I will need more time to think about this. I am sure this will be a great resource for the future. I wish there was more cohesion activities but that is a personal relational need of mine.

Not sure.

Respondents were asked to rate the usefulness of various resources that were provided throughout the DELTA Program. Table 33 presents those ratings presented in descending order of usefulness.

Table 33: Usefulness of Resources Provided in DELTA Program (n=12)

<i>[presented in descending order of usefulness]</i>	Useful	Somewhat Useful	Not Useful	Don't Know/ Did Not Receive
Plain Language examples & walkthrough checklist	91.7%	8.3%	0.0%	0.0%
Race, Ethnicity, Language & Disability data collection standards & tools	91.7%	8.3%	0.0%	0.0%
Articles emailed prior to sessions	83.3%	16.7%	0.0%	0.0%
Multnomah County Equity and Empowerment Lens (5Ps)	83.3%	16.7%	0.0%	0.0%
Section 1557 of the ACA (Language access & federal law)	81.8%	18.2%	0.0%	0.0%
The Implicit Association Test (online assessment)	75.0%	25.0%	0.0%	0.0%
Related videos	75.0%	25.0%	0.0%	0.0%
Historical Trauma web (as community engagement)	75.0%	16.7%	0.0%	8.3%
DELTA binder	66.7%	16.7%	16.7%	0.0%

Table 33: Usefulness of Resources Provided in DELTA Program (n=12)

<i>[presented in descending order of usefulness]</i>	Useful	Somewhat Useful	Not Useful	Don't Know/ Did Not Receive
Strategic planning/measurement tools	66.7%	33.3%	0.0%	0.0%
DELTA Quarterly e-newsletter/DELTA in 3D	58.3%	25.0%	0.0%	16.7%
Creating measurement and fostering leadership buy-in	45.5%	36.4%	18.2%	0.0%

Respondents listed the following additional useful resources:

- ♦ PowerPoint slides, handouts, videos shared within each training
- ♦ Experiential activities, food
- ♦ Office of equity and inclusion group

Only one additional resource was identified that would specifically move equity forward in their organization: *“Just continue having access to the resources made available in the DELTA group site.”*

When asked if they would be interested in being a guest speaker, mentor, newsletter contributor, or serving on a panel for future cohort trainings, 58.3% of respondents were interested.

Table 34 presents additional suggestions provided by respondents to keep their cohort connected after the program.

Table 34: Additional Suggestions to Keep Cohort Connected Post-Program(n=6)

Again, maybe bi-annual reunions with a learning component so that people would come. Give time on the agenda to bond again, to give updates on how our work is proceeding and maybe a 'support group' time for those struggling. Then a speaker that would be what might pull some people to attend.

Annual or semi-annual meet up.

Biennial DELTA 'alumni' meeting/conference

Community which meets every other month or quarter to share and ask questions, ideally over lunch

Maintaining the class/cohort listserv/distribution list.

Maybe we should start a group thread or email. I know we are all busy, but I am going to genuinely miss my cohort members and what they brought to the table. I want to hear their insights on a continued basis.

Respondents were asked to identify one or two things that have been the **most** helpful from the DELTA training. Responses are presented in Table 35.

Table 35: Most Helpful Things in DELTA Training (n=12)

The relationships I built with a few of the cohort members. Implicit bias training and language access

Equity and empowerment lens through the county. This really helped me wrap my head around how to implement this at my agency.

Equity lens

having a safe space to talk about equity and being in a room to share ideas or views on these hard topics to discuss in the office

Increased awareness of self and the sensitivities of others and their plights.

It really all was very impactful but most specific to my work topics was the work around REALD and all the data collection requirements form AOM. Also the implicit bias Harvard survey has been very helpful and the discussion by Lensen. Also the Historical Trauma work with the Native population was very powerful.

REALD and CLAS standards

Seeing and hearing about ways to improve health equity from people who are already doing it. Making connections with other people to see how they are doing it and what they are working on, so many things tie in together.

The first is very specific to my work, REAL D. I have met with Marjorie McGee to discuss developing a REAL D training for state and local health department workers who are interviewing people being interviewed related to infectious disease or an outbreak. She has provided tools and advice that are helpful. I would say the community engagement/empowerment/equity lens session was also very helpful...because I think my section doesn't do those things at all....let alone well.

The space and time to reflect and process information delivered. The variety of perspectives at the guest speaker level.

The whole experience was amazing. How personal it was, I went into the training not realizing how important equity is in all aspects of life.

Respondents were asked to identify one or two things that have been the **least** helpful from the DELTA training and may need improvement. Responses are presented in Table 36.

Table 36: Least Helpful Things in DELTA Training/Need Improvement (n=12)

The measurement tools, I really didn't understand (are there more straight forward other tools out there?). Diversity in the different projects folks have completed.

I think the last talk about the strategic plan, project management topic wasn't as valuable for me since I have to do that kind of work all the time. Most people in the room, it seemed, had experience in that way. it might have been helpful at the end of the time to ask people what they need in terms of moving their project forward. For us it was time together to meet and go over it. For others it might have been time with some guidance from those who we could bounce questions off of. Not sure but the assumption that we all needed the project management work was not the case.

Long distance accessibility via phone.

More time to engage with a partner about my project.

Table 36: Least Helpful Things in DELTA Training/Need Improvement (n=12)

Nothing, I think overall the program is great. Loved the decolonization healing session.

We could have spent more time on the project right from the beginning. It felt like a hurried endeavor in the last month. The exercise on the 5Ps was helpful, but that could have been an individual assignment rather than a group so that everyone could have worked on their own and received feedback from the trainer.

Nothing/Unsure (n=4)

Respondents identified three suggestions for increasing participation in all of the:

- ♦ Record the sessions
- ♦ Skype meeting availability
- ♦ The distance was a huge factor for me.

Finally, respondents were asked to provide any additional suggestions for what they would like to see happen or come out of the DELTA Program. The responses are presented in Table 37.

Table 37: Additional Suggestions for DELTA Program (n=3)

Following the SBHC Certification model, agencies can 'apply' for Equitable Agency with standards, etc. Not necessarily, having funding tied to the certification, but having your agency be state certified as such.

I would have really liked to have had LeAnn facilitate a day or be more engaged. It would have been a great opportunity to have learned from her directly and I think it was a missed opportunity.

I would like to see more representation from Central and Eastern Oregon. I think, having two people from each region would be a good idea to ensure representation and strong partnership in moving equity forward. Perhaps encouraging a framework for Alumni to get together and discuss their experience as participants facilitated by OEI. Not sure if you follow up with participants at a 6, 12, 24 month periods to ask if they have continued to move equity forward or if not, what challenges have surfaced.

I would love to explore how condensed DELTA training could be presented to the KP leadership & other influencers.

Keep it going or the ability to keep going because I will really miss it. Also keep it funded :)

More concrete tools. Although the very last training in coos bay I felt had a few skills and tools that I was able to take back with me.

Required for managers of OHA or PHD.

Appendix A: Interview Questions

Thank you for making the time to speak with us. The purpose of this interview is to gather your feedback on your experiences since participating in the Office of Equity and Inclusion’s DELTA Program. The PSU Survey Research Lab is helping to evaluate the DELTA Program, to gather a better understanding of its impact.

This conversation should last about 15-20 minutes, depending on how much you have to tell me. Your participation in this interview is voluntary and all information you tell us is confidential. Before I begin, did you review the interview information I sent you by email? If not, I can read it to you quickly before we begin.

1. *Your participation in this interview is voluntary. You can be selective in what you tell us. You can stop the interview at any time. Your participation or non-participation will not affect your relationship with the Office of Equity and Inclusion or the DELTA Program.*
2. *We will keep the information you tell us confidential. We will not share your individual answers with anyone outside the research team. We will prepare a report that combines your comments with those of other participants.*
3. *There is a possibility that some direct quotes may be used in the report. We won’t use your name or anything that would identify who you are.*
4. *The only potential risks that you might experience would be feeling uncomfortable about voicing your opinions about the DELTA program and/or having your confidentiality breached. We will do everything we can to protect the information you give us.*
5. *You will not personally benefit from participating in this interview; however, you may contribute new information that could benefit individuals in the future.*
6. *We would like to record our conversation today, so that we do not miss any information. If you consent, the recording will be transcribed. The transcriptions will not have any identifying information in them. After transcribing the interview, the recording will be deleted.*

Do you have any questions before we begin?

Do I have your permission to record the interview?	Yes	No
Is it OK to continue with the interview? Verbal Consent Provided:	Yes	No
Interviewer Signature:		

BACKGROUND INFORMATION

Q1: Are you still at the organization you were at during your time in the DELTA Program?

[IMPORTED ORG: \${e://Field/ORG}]

- Yes
- No => **ASK Q1A**

Q1A: Where are you working now?

Q2: Overall, how engaged were you in the DELTA Program?

- Not at all Engaged => **ASK Q2A**
- Slightly Engaged => **ASK Q2A**
- Somewhat Engaged => **ASK Q2A**
- Very Engaged
- Extremely Engaged
- Don't Know [DO NOT READ]

Q2A: Why is that?

Q3: Did you finish the DELTA Program?

- Yes
- No => **ASK Q3A**

Q3A: Why Not?

IWR NOTE: Notice during the interview if it makes sense to continue or not (i.e., if they did not participate much in the program and cannot really answer the questions end the call).

PERSONAL BENEFITS: KNOWLEDGE, ABILITY [SOW4]

First, a few questions about how you may have benefited personally from DELTA.

Q4: How valuable were each of the following aspects of the DELTA Program?

	Not at all Valuable (1)	Somewhat Valuable (2)	Moderately Valuable (3)	Very Valuable (4)	Don't Know/Not Applicable
4a. Networking with Cohort Members	1	2	3	4	8
4b. Networking with OEI Staff	1	2	3	4	8
4c. Trainers	1	2	3	4	8
4d. Curriculum	1	2	3	4	8
4e. Diversity of Cohort	1	2	3	4	8
4f. Other [DO NOT READ] _____	1	2	3	4	8

Q5: How much of an effect did the DELTA Program have on your level of knowledge about ways of improving health equity in your organization and the service system?

No Effect	Minor Effect	Moderate Effect	Major Effect	Don't Know
1	2	3	4	8

Q5A: Could you elaborate on that?

Q6: How much of an effect did the DELTA Program have on your ability to improve health equity in your organization and the service system?

No Effect	Minor Effect	Moderate Effect	Major Effect	Don't Know
1	2	3	4	8

Q6A: Could you elaborate on that?

Q7: What are some ideas from the DELTA Program that challenged you to think, or to work differently? [IWR NOTE: This is trying to measure paradigm shifts.]

Q8: How have your own leadership characteristics changed over time, from participation in DELTA?

Q9: Since participating in DELTA, do you feel a shift in your own individual capacity to move this work forward in your organization?

- Yes => **ASK Q9A**
- No

Q9A: How so?

ORGANIZATIONAL SHIFTS [SOW2]

Next a few questions about your organization.

Q10: Have you been able to integrate (institutionalize) any new health equity or inclusive workforce strategies into the planning, policies, programs, or practices of your organization?

- Yes
- No => **SKIP TO Q15**

Q11: Which of the following were you able to integrate those strategies into? Your organizations... [SELECT ALL THAT APPLY]

- Planning
- Policies
- Programs
- Practices
- None of the Above [DO NOT READ]

Q12: Can you describe what strategies or concepts from the DELTA Program you have been able to integrate into your organization?

Q13: What organizational or personal resources are you using to support these changes?

Q14: How much of an effect did the DELTA Program have on your ability to integrate (institutionalize) health equity or inclusive workforce strategies into your organization so far?

No Effect	Minor Effect	Moderate Effect	Major Effect	Don't Know
1	2	3	4	8

[IF Q14=1,2 ASK Q14A]

Q14A: Why hasn't it had much effect?

[IF NO TO Q10 ASK]

Q15: Are you planning to implement any health equity or inclusive workforce strategies into the planning, policies, programs, or practices of your organization?

- Yes => **ASK Q15A**
- No

Q15A: What are you planning to do?

Q16: How confident are you in your ability to integrate (institutionalize) health equity policy or inclusive workforce strategies into your organization's planning, policies, programs, or practices?

Not At All Confident	Slightly Confident	Moderately Confident	Very Confident	Don't Know
1	2	3	4	8

[IF Q16=1 ASK Q16A]

Q16A: Why is that? What are the barriers?

CROSS-SECTOR COLLABORATION & ALLIANCE BUILDING [SOW1, SOW3]

Next, a few questions about cross-sector collaboration and alliance building.

Q17: As a result of your participation in the DELTA Program, how much of an effect have you been able to have on increasing cross-sector collaboration (between your organization and other organizations) focused on health equity?

No Effect	Minor Effect	Moderate Effect	Major Effect	Don't Know
1	2	3	4	8

Q17A: Could you elaborate on that?

Q18: Have you provided support, or asked for assistance from other DELTA colleagues since participating in the program?

- Yes => **ASK Q18A**
- No

Q18A: Could you elaborate on that?

Q19: How much of an effect do you believe the DELTA Program has had on supporting new relationships between health institutions and communities experiencing inequities?

No Effect	Minor Effect	Moderate Effect	Major Effect	Don't Know
1	2	3	4	8

Q19A: Could you elaborate on that?

Q20: As a result of your participation in the DELTA Program, how much of an effect have you been able to have on increasing the amount of accountability between health institutions and communities experiencing inequities?

No Effect	Minor Effect	Moderate Effect	Major Effect	Don't Know
1	2	3	4	8

Q20A: Could you elaborate on that? (Can you think of any specific barriers removed for those you serve?)

ASSISTANCE [SOW5]

Q21: Overall, how much of an effect did the DELTA Program assist you in advancing and supporting health equity policies and practices?

No Effect	Minor Effect	Moderate Effect	Major Effect	Don't Know
1	2	3	4	8

Q21A: Could you elaborate on that?

Q22: How likely would it be for you to recommend the program to someone else?

- Very Unlikely
- Unlikely
- Likely
- Very Likely
- Don't Know [DO NOT READ]

Q22A: Why/Why not?

FINAL COMMENTS

COMMENTS: Do you have any final comments you would like to share about the impact of the DELTA program?

That is the end of the interview. Thank you very much!

Appendix B: Email Invitations

INITIAL EMAIL INVITE

Subject: How did the DELTA Program impact you and your work?

Hello <NAME>,

The Portland State University Survey Research Lab is helping to evaluate the OHA DELTA Program so the Office of Equity and Inclusion can **better understand the impact the program has had**. We value your experience and welcome any feedback you have. We would like to invite you to participate in a 15-20 minute phone interview.

Your participation in this interview is voluntary and all information you provide is confidential. The information you provide is critical in evaluating the program's effectiveness and understanding ways of improving it for future cohorts. We hope you will find a few minutes in your busy schedule to help us with this very important undertaking.

We will be scheduling interviews between <DATES>. To schedule a time to participate in this research, please provide your availability using this Google Form: <LINK>. If you have trouble accessing or filling out the form, please contact me directly at tconklin@pdx.edu or 503-725-5970 to schedule an interview.

Sincerely,

Tiffany Conklin, MUS | Project Manager
Portland State University Survey Research Lab
tconklin@pdx.edu | 503-725-5970



REMINDER EMAIL

Subject: Reminder: Please let us know how the DELTA Program impacted you and your work

We recently contacted you about the OHA Office of Equity and Inclusion's DELTA Program, asking for your feedback on the program.

The Portland State University Survey Research Lab is helping to evaluate the DELTA Program so the Office of Equity and Inclusion can **better understand the impact the program has had**. We value your experience and welcome any feedback you have. We would like to invite you to participate in a **15-minute phone interview**.

Your participation in this interview is voluntary and all information you provide is confidential. The information you provide is critical in evaluating the program's effectiveness and understanding ways of improving it for future cohorts. We hope you will find a few minutes in your busy schedule to help us with this very important undertaking.

We will be scheduling interviews through **<DATE>**. To schedule a time to participate in this research, please provide your availability using this Google Form: **<LINK>**. If you have trouble accessing or filling out the form, please contact me directly at tconklin@pdx.edu or 503-725-5970 to schedule an interview.

Sincerely,

Tiffany Conklin, MUS | Project Manager
Portland State University Survey Research Lab
tconklin@pdx.edu | 503-725-5970



APPOINTMENT CONFIRMATION & INFORMED CONSENT INFORMATION

Subject: DELTA Program Interview Confirmation - <DATE, TIME>

Hello <NAME>,

Thank you for agreeing to participate in the DELTA program evaluation. I have you scheduled for a phone call on <DATE, TIME>. I will call you at this time, using the number provided in the availability form. If you need to reschedule or cancel, please email me ASAP. Below are a few things you should know before the interview. Please let me know if you have any questions.

1. Your participation in this interview is voluntary. You can be selective in what you tell us. You can stop the interview at any time. Your participation or non-participation will not affect your relationship with the Office of Equity and Inclusion or the DELTA Program.
2. We will keep the information you tell us confidential. We will not share your individual answers with anyone outside the research team. We will prepare a report that combines your comments with those of other participants.
3. There is a possibility that some direct quotes may be used in the report. We won't use your name or anything that would identify who you are.
4. The only potential risks that you might experience would be feeling uncomfortable about voicing your opinions about the DELTA program and/or having your confidentiality breached. We will do everything we can to protect the information you give us.
5. You will not personally benefit from participating in this interview; however, you may contribute new information that could benefit individuals in the future.
6. We would like to record our conversation, so that we do not miss any information. If you consent, the recording will be transcribed. The transcriptions will not have any identifying information in them. After transcribing the interview, the recording will be deleted.
7. **Attached** is a copy of the questions that will be asked during the interview. If possible, please review this before our call so you know what types of questions will be asked and can consider your responses ahead of time.

Looking forward to talking to you!
Sincerely,

Tiffany Conklin, MUS | Project Manager
Portland State University Survey Research Lab
tconklin@pdx.edu | 503-725-5970

