

Team Four: Applying an Equity Lens at Program Level

Client: Malheur County Health Department

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OPWL 537 Instructional Design

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Training Requirements Analysis (TRA)

Analyze why training is needed by answering the following questions.

Q1: Describe the organization and its mission (why it exists).

A1: The Malheur County Health Department (MCHD) is responsible for the public health of a small, rural county in Eastern Oregon. The health department manages communicable disease reporting and response, policy creation, regulation enforcement, equitable and sufficient access to health services such as immunizations, STI testing, and birth control, as well as a number of other population-level health programs. With a handful of part time staff, 30 people fill 28 Full Time Employee positions. The website is malheurhealth.org. The MCHD mission is promoting and protecting the health of our community through collaboration, education, prevention and delivery of compassionate care.

Q2: Describe the socio-physical context and the overall *problem* or improvement/innovation opportunity in that context.

A2: As part of the county government, MCHD operates under a board of locally elected officials who oversee the local decision making and activity. As part of the state of Oregon, MCHD operates under the Oregon Health Authority, which provides the majority of program funding and rules. MCHD operates between the needs and goals of both county and state level priorities.

The Oregon State Health Improvement Plan (SHIP) ultimately determines the direction of all the work happening at more local levels and drives funding and program decisions. The SHIP, [Healthier Together Oregon](#), has made health equity the number one priority for the health care system, which includes public health. From the SHIP, “People of color, people with low-income, people who identify as LGBTQ+, people with disabilities, and people who live in rural areas of the state face considerable barriers due to inequities in the social issues that affect health. This is because of systemic oppression, discrimination and bias. We will only see progress toward our vision with a broad, joint effort that lifts the voices of our most affected communities.”

The need for high quality, thoughtfully-designed health equity training and job aids is needed at MCHD. Because many people in the health department were educated, hired, and trained prior to the prioritization of health equity, both experienced and new employees have a need to learn what health equity is and at a program level, how they can put the priority into practice that will drive improved health outcomes.

For our team and this project, we are focused on the need for a practical tool to apply health equity training at a program level within a public health department. This practical tool will be a job aid, called an Equity Lens. The lesson plans we develop will help people address the need to improve programs within local public health departments, and over time the impact will affect the health of the whole community. The opportunity to provide training and tools at a program level will tie directly to the SHIP vision for all:

That Malheur County will be a place where health and wellbeing are achieved across the lifespan for people of all races, ethnicities, disabilities, genders, sexual orientations, socioeconomic status, nationalities and geographic locations.

If you are dealing with a problem , continue with this column.	If you are dealing with an improvement/innovation opportunity , continue with this column.
Q3-1: Is there <i>really</i> a problem, and what evidence do you have? (e.g., Who says there is a problem and why? Do others perceive it as such? When was the problem first noticed? How pervasive is it? In what ways does it affect the mission of the organization?)	Q3-2: Was the opportunity influenced by outside forces or the internal desires, or both, and how so? (e.g., outside forces such as changes in tools, policies, federal regulations, competitors, etc., or internal desires such as changes in the organization's mission, current employee characteristics, motivation, creativity, innovative practice, etc.)
A3-1: n/a	A3-2: Yes. Significant funding requires a Health Equity plan with training for staff and evidence of implementation at program level.
Q4-1: In terms of the outcome-level performance, what is happening now? (e.g., How are people presently performing? What results – levels of output and quality – are now being achieved?)	Q4-2: What is the new goal to achieve? (i.e., When the identified improvement/innovation opportunity is accomplished, what results do you expect to be achieved by employees?)
A4-1: n/a	A4-2: We will design for the goal of providing awareness through training and application through job aids. At a higher level, the goal is to connect program level work within the health department to the state goal to eliminate health inequities. The results we expect to achieve with this team is to deliver a training and tool for program coordinators to implement the goal of health equity into practice. Employees will report a greater understanding and awareness of the opportunity to grow and motivation and resources to put the learning into action.
Q5-1: In terms of the results-level performance, what should be happening? (e.g., What are the relevant work standards or performance goals? What is the relationship between the strategic business plan and employee	Q5-2: Would the new goal conflict with any existing ones? (e.g., Will other goals have to be sacrificed when this new goal is pursued?)

performance? What results should be achieved by employees?)	
A5-1: n/a	A5-2: The goal is a shift for many employees, who have viewed their goals as service delivery in a broad sense, without an expectation for deep consideration of who is not being served. By focusing on Program Coordinators, who lead the 10 core programs across the health department, we will have buy-in from those responsible for program development first and can follow up at a later date with all staff and possibly others in the healthcare system. The job aid of an Equity Lens will help tie the new goal with the other goals of providing health care services.
Q6-1: How wide is the performance gap between “what is” and “what should be”? (e.g., What historical trends are evident? Is the gap increasing over time? What effects of the gap are evident in the organization? How does the gap affect individuals in the targeted group/anyone outside of it?)	Q6-2: Is the new goal feasible? Are there resources to support the new goal?
A6-1: n/a	A6-2: Yes it is feasible and yes there are resources. The greatest need is staff time for both training and follow up. With planning, that can be achieved.
Q7-1: Was the performance gap caused by human factors (e.g., lack of knowledge, skills, or attitudes) rather than, or in addition to, individual-, group-, or organization-level environmental factors (e.g., lack of feedback, lack of tools, lack of incentives), and what evidence is there to support it?	Q7-2: Can the new goal be achieved or supported by providing employees with training, and how so?
A7-1: n/a	A7-2: Yes. Training with a tool that will be used during and after training.
Q8: What should be changed in employees/learners - <i>primarily</i> their knowledge, skills, or attitudes? (e.g., knowledge = leadership methods, skills = how to operate a machine, attitudes = willing to use a new approach)	

A8: Knowledge of what health equity is and why it is a priority at local, state, and national levels in public health. Skills in applying the job aid to “do” the work of advancing health equity at a program level. Attitudes towards increased empathy, understanding of diversity, and willingness to approach their programs, peers, and patients with new perspectives.

Q9: In addition to, or instead of, providing training for the above problem or opportunity, could a job aid or other solutions (e.g., support) be used, and how so?

A9: Yes, job aids (Equity Lens, glossary, possibly others) are the primary solution. The training is secondary, to explain the context and teach how to use the job aids.

Q10: Based on what you found out from the above questions, clearly describe the training program to be designed (including a job aid solution if applicable).

A10: The training will include an overview of diversity, equity, and inclusion (DEI) research and field of practice. While many healthcare organizations have a DEI specific employee, the responsibility to address inequities is on anyone designing and delivering a program. Training will include a review of the terms used with a glossary and a series of questions to consider what barriers people may experience. The questions are part of the Equity Lens, which will be introduced and practiced in a variety of simulated scenarios and role plays.

Adapted from Rothwell et al. (2016, p. 31) and Smith & Ragan (2005, pp. 43-48)

Learner and Environmental Analysis (LEA)

Analyze the characteristics of target learners who will use the instruction and the learning/work environment where they will use the new information they learned.

Q1: State the training program to be designed and the primary type of learning (knowledge, skills, or attitudes).

A1: The training program to be designed will primarily be a combination of instruction on health equity and job aids to increase a learner's knowledge of potential inequity and ways to remove barriers to equity in their program. This will include designing new job aids, as well as instruction on how to use those that already exist, such as the Equity Lens. There will also be a brief training on the social determinants of health and populations in Malheur County disproportionately affected with poor health outcomes.

Q2: Describe how you will collect data about the learners and from whom you will collect the data. (e.g., interview with the client and/or a subject matter expert, observation of target learners, review of job descriptions, etc.)

A2: Quantitative:

- Surveys on background of learners (10 program coordinators)
- [REALD](#) surveys

Qualitative:

- Interviews with MCHD leadership team
- Key informant exercise with identified knowledgeable people or high performers
- [Critical Incident Method](#)

Q3: Describe cognitive characteristics of the learners and their prior knowledge.

(e.g., aptitudes, scope of knowledge/academic preparation, job category, sustained attention, speed needed for processing information, recognizing patterns, etc.)

Q3-1: What do those characteristics and/or any limitations in them mean for determining what information and techniques/strategies to use in designing the targeted KSAs?

(i.e., if you would present information in a certain way or use/avoid specific instructional strategies)

A3: Learners may have varying degrees of prior knowledge with health equity concepts such as an Equity Lens. Attitudes and preconceived knowledge from prior experiences may inform their actions.

A3-1: Equity topics have an increasing polarization due to the current political landscape. Humanization of the concepts while also providing a safe environment to learn, practice, and make mistakes is critical for adoption, embracing, and success of the jobs aids.

Q4: Describe demographic characteristics of the learners.

(e.g., age, gender distribution in the workplace, any other demographic factors, etc.)

Q4-1: What do those characteristics and/or any limitations in them mean for determining what information and techniques/strategies to use in designing the targeted KSAs?

(i.e., if you would present information in a certain way or use/avoid specific instructional strategies)

A4:

Number of learners: 10 Program Coordinators:

- Communicable Disease
- Emergency Preparedness
- Family Planning
- Home Visiting
- Immunizations
- Oregon Health Plan Assistance
- Tobacco Prevention & Education
- Vital Statistics
- Woman, Infants, Children (WIC)
- Peer Support

Age ranges: 25-57

Sex: 8 female, 2 male

Cultural: 4 are registered nurses, 3 are Hispanic/Latinx, 4 are bilingual English/Spanish, 2 are in substance use disorder recovery, 1 identify as LGBTIQ, 9 identify as CIS-gendered, 5 have college degrees, 7 have more than 5 years experience at the organization, 3 have more than 10 years.

A4-1:

We will keep to plain language avoiding jargon as much as possible and explain in simple details when more complex words are used and assume limited exposure to ideas prior to training.

Q5: Describe sensory characteristics of the learners.

(e.g., how much orientation or capacity they have or need to have for sound, smell, positioning, shapes, etc.)

Q5-1: What do those characteristics and/or any limitations in them mean for determining what information and techniques/strategies to use in designing the targeted KSAs?

(i.e., if you would present information in a certain way or use/avoid specific instructional strategies)

A5: For physical job aids, learners would need to be able to physically navigate through them and be able to see/read words. For online job aids, learners would need to be able to navigate a computer.

A5-1: Considering not all programs coordinators may be able to perform the above, providing multiple means of engagement (audio versions of job aids, ensure size and color contrast addresses eye impairments, and physical copies have alternate versions to be accessed by learners as needed. [Universal Design Learning guidelines](#) provided by CAST will also inform design of any materials.

Q6: Describe affective characteristics of the learners.

(e.g., interests, motivation, attitude toward subject matter, anxiety, beliefs, 'locus of control' meaning how much control people have over outcomes, etc.)

Q6-1: What do those characteristics and/or any limitations in them mean for determining what information and techniques/strategies to use in designing the targeted KSAs?

(i.e., if you would present information in a certain way or use/avoid specific instructional strategies)

A6: Many learners may have prior experiences in life that allow for ready adoption towards equity concepts. However, others without much prior exposure may not feel comfortable being able to apply these concepts. As employees of a health department, workers already have a strong sense for public health and equitable care.

A6-1: Framing concepts as continuous learning and improvement opportunities may provide a safe environment for learning to occur. Will need to frame the Equity Lens as a truly useful tool with achievable potential for actionable change in equity and inclusion efforts. It will need to be seen as worth their time to learn how to use a new, complex tool.

Q7: Describe socio-cultural characteristics of the learners.

(e.g., relationship to peers, feelings toward authority, role models, cooperation vs. competition tendencies, cultural factors, etc.)

Q7-1: What do those characteristics and/or any limitations in them mean for determining what information and techniques/strategies to use in designing the targeted KSAs?

(i.e., if you would present information in a certain way or use/avoid specific instructional strategies)

A7: Learners of different cultures and life experiences may have alternative views towards these topics. There may be defensiveness towards the equity initiatives.

A7-1: Framing topics as part of our services towards our population and community may be better received. Allowing opportunities for anonymous feedback and questions that can be answered safely may provide better adoption.

Q8: Are there any factors in the learning environment that may affect instruction/training? If yes, specify them and explain how those may affect instructional design.

A8: The learning environment may differ from the actual work environment. In addition, the fast paced nature of healthcare may impede opportunities to apply the job aids in practice consistently. Program Coordinators may not have time to take away from daily schedules to participate in in-person instruction. This may require the creation of an on-demand training that can be taken at any time and revisited as needed. If in-person instruction is needed or desired for learning job aids, but several workers are work-from-home, this may warrant a hybrid training option.

Q9: Are there any foreseen factors in the learning/workplace environment that may obstruct or facilitate the transfer of newly learned KSAs? If yes, specify them and explain how you may account for them in your design.

A9: Lack of systemic support for performing the job aids in practice and applying this new knowledge may not be seen as a priority.

Adapted from OPWL 537 Course Instructors' Handbook and Smith and Ragan (2005)

Task Analysis (TA)

Assumptions:

- A training requirements analysis has revealed that training is needed.
- The goal of training has been identified.

At the completion of the task analysis, you will develop objectives which will serve as input for your subsequent assessment/measurement phase.

Q1: Write the learning goal(s) delineated in your training requirements analysis (i.e., what the employees/learners need to know or do at the conclusion of the instruction).

A1: At the end of this training, learners will be able to:

1. Reframe language related to equity with the use of CDC and ASTHO glossaries.
2. Recognize key concepts of health equity.
3. Identify how social determinants of health impact health disparities.
4. Describe best practices to achieve health equity.
5. Connect local data to social determinants of health to better understand health inequities.
6. Discover how to address disparities and engage the community with an Equity Lens.
7. Engage in system change activities to advance health equity through public health programs.

Q2: Based on the learning goal statement above, identify the primary type of learning using one of the taxonomies.

A2:

Knowledge

- Reframe language related to equity with the use of CDC and ASTHO glossaries.
- Recognize key concepts of health equity.
- Identify how social determinants of health impact health disparities.
- Describe best practices to achieve health equity.

Skills

- Connect local data to social determinants of health to better understand health inequities.
- Discover how to address disparities and engage the community with an Equity Lens.
- Engage in system change activities to advance health equity through public health programs.

Q3: Describe the frequency, difficulty, and criticality (F, D, C) of the task implied by each goal.

A3:

1. Reframe language related to equity with the use of CDC and ASTHO glossaries.
 - Frequency - Somewhat frequent on the job. Understanding evolves and can become more elaborate, roles and responsibilities change.
 - Difficulty - Simple.
 - Criticality - Highly important to maintaining the goal of equity and inclusion.
2. Recognize key concepts of health equity.
 - Frequency - Somewhat frequently initially after training; less frequently with proficiency.
 - Difficulty - Somewhat simple.
 - Criticality - Highly important as it relates to common understanding of concepts.
3. Identify how social determinants of health impact health disparities.
 - Frequency - Frequent on the job. Initial assessment and understanding of blanket context and application, with continued assessment of context as opportunities arise.
 - Difficulty - Somewhat difficult to complex.
 - Criticality - Highly important to application of the Equity Lens tool, and therefore to maintaining the goal of equity and inclusion.
4. Describe best practices to achieve health equity.
 - Frequency - Somewhat frequent on the job. Understanding evolves and can become more elaborate, roles and responsibilities change.
 - Difficulty - Simple.
 - Criticality - Highly important to maintaining the goal of equity and inclusion.
5. Connect local data to social determinants of health to better understand health inequities.
 - Frequency - Infrequent on the job.
 - Difficulty - Somewhat difficult.
 - Criticality - Highly important for successful implementation and maintenance of equity and inclusion.
6. Discover how to address disparities and engage the community with an Equity Lens.
 - Frequency - Frequent on the job.
 - Difficulty - Complex.
 - Criticality - Highly important for successful implementation and maintenance of equity and inclusion.
7. Engage in system change activities to advance health equity through public health programs.
 - Frequency - Somewhat frequent on the job.
 - Difficulty - Complex.
 - Criticality - Highly important for successful implementation and maintenance of equity and inclusion.

Q4: Conduct information processing – meaning, break down each task into mental/physical steps or components necessary for the completion of that task.

Q5: Conduct a prerequisite analysis and specify prior knowledge needed for each step/component.

- It means, you do not plan to teach the prerequisite information during your training although you may refer to resources for refreshment purposes.

- Add the prerequisite knowledge information after each step/component.
- For example, using the library search example,
 1. Log into the university library website (prereq: none)
 2. Select relevant databases (prereq: know major subject-specific databases)
 3. Search for articles with search terms (prereq: search terms appropriate for the given topic)
 4. Select appropriate articles (prereq: grad-level reading comprehension skills)

A4-A5 combined (you may present the output in text or you may also create a flowchart-looking figure if desirable):

1. Reframe language related to equity with the use of CDC and ASTHO glossaries. (prereq: none)
2. Recognize key concepts of health equity.
 - a. what does health equity mean (prereq: understanding of what equity means to them)
 - b. why is health equity important to healthcare and access (prereq: knowledge of the role of equity in public health services and access/barriers to access)
 - c. role of the healthcare organization in improving health equity
3. Identify how social determinants of health impact health disparities. (prereq: none)
4. Describe best practices to achieve health equity. (prereq: none)↓
 - a. Ask yourself: how might this decision impact equity?
 - i. determine what outcomes you are hoping to create
 1. determine if people in the community also identify these as important outcomes
 - ii. identify unintended outcomes
 1. determine if these outcomes negatively impact marginalized groups
5. Connect local data to social determinants of health to better understand health inequities. (prereq: familiarity with community health disparities)
 - a. Consider your diversity (creates perspective, shows awareness) activity
 - i. reflect on own experiences and when you have experienced inclusion or exclusion
 - ii. identify areas where you have had advantages or disadvantages
6. Discover how to address disparities and engage the community with an Equity Lens.
 - a. when can you use the EL (prereq: knowledge of what an equity lens is)
 - b. understand how the EL benefits and promotes healthy equity
 - c. identify need for EL in given scenario
 - d. use EL to formulate inclusive action in planning - services, projects, programs, and/or events.
7. Engage in system change activities to advance health equity through public health programs. (prereq: none)

Q6: Write a performance objective for each step/component.

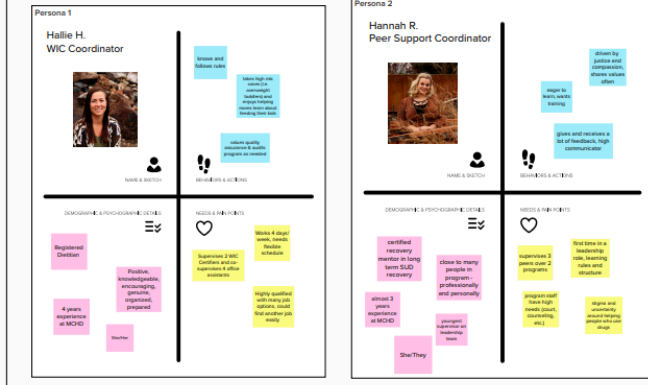
A6:

<ol style="list-style-type: none"> 1. Given the CDC and ASTHO glossaries (<i>con.</i>), learners will be able to reframe language related to health equity (<i>beh.</i>). 2. Given a review of health equity (<i>con.</i>), learners will be able to recognize key concepts of health equity (<i>beh.</i>). 3. Given a review on what health equities are and what they affect (<i>con.</i>), learners will be able to identify how social determinants of health impact health disparities (<i>beh.</i>). 4. Given a set of best practice standards by the CDC (<i>con.</i>), learners will be able to describe best practices to achieve health equity (<i>beh.</i>). 5. Given local community data on health disparities (<i>con.</i>), learners will be able to connect local data to social determinants of health to better understand health inequities (<i>beh.</i>). 6. Given a copy of the Equity Lens and a demonstration on how to use it (<i>con.</i>), learners will discover how to address disparities and engage the community with an Equity Lens (<i>beh.</i>). 7. Upon completion of this training (<i>con.</i>), learners will be able to engage in system change activities to advance health equity through public health programs (<i>beh.</i>).
<p>Q7: Describe data sources used for task analysis (e.g., interview, observations, focus groups, survey, website/document review, etc.) [e.g., High chances are you will speak with the client and a subject-matter expert (SME)]</p>
<p>A7: Website/document review and discussion with SME.</p>
<p>Q8: Combining the information obtained from the Training Requirements Analysis, Learner and Environmental Analysis, and Task Analysis, determine an appropriate training delivery mode:</p>
<p>A8:</p> <p>Face-to-face instructor led.</p> <p>Rationale:</p> <p>Face-to-face Instructor led allows open dialog, responsive questions, and interactive experience.</p> <p><i>In the future, if needed, it is adaptable to:</i></p> <p><i>Hybrid / virtual instructor-led:</i> flexible; allows for less time away from work and the choice to use in-person time for role-playing the tool.</p>

Adapted from Morrison, Ross, and Kemp (2007); OPWL 537 Course Instructors' Handbook; Rothwell et al. (2016); Smith and Ragan (2005)

[Mural](#) flowchart of personas and resources used in TRA, LEA, TA development.

Personas



Resources



Learning Theories

