Community Leaders in Health Equity Evaluation

Appendix D: Analysis of Participants' Feedback Surveys

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Exhibits

Appendix D: Community Leaders in Health Equity: Analysis of Participants' Feedback Surveys

Introduction

This appendix presents the results and analysis of the data collected through two data points, baseline and endline, participant feedback surveys of the Colorado Trust's Community Leaders in Health Equity program (CLHE) for both the 2021 Cohort and the Continuing Track Cohort. The surveys were intended to gather feedback on the program and assess whether and how participants were able to increase their knowledge and awareness, self-efficacy and motivation to address equity in their communities. The full evaluation findings and recommendations, which triangulate data across data-collection methods, reside in Chapter 3.

Methods

Data Collection

The data included in this analysis were collected via the participant feedback surveys administered at baseline and endline for both the CLHE 2021 Cohort and the Continuing Track Cohort. Using SurveyMonkey, an online survey tool, the evaluation team administered the participant feedback surveys in both English and Spanish. Each participant was provided with an information sheet with the URLs and QR codes so they could access the surveys during full-group events, and they were given time to take the surveys to encourage completion. Participants were also provided with technical assistance, tablets, and pen-and-paper versions if they needed these additional accommodations. Participants in the 2021 Cohort took the baseline survey at the November 2021 convening and the endline survey at the November 2022 convening. Continuing Track participants completed the baseline survey at the October 2021 gathering and the endline survey at the May 2022 gathering.

Data Analysis

The evaluation team imported the responses into SAS, an analytics software. We computed basic descriptive statistics using the software's PROC FREQ procedure to determine the frequencies of each survey question. The evaluation team then analyzed open-ended questions using inductive reasoning.

Evaluation Advisory Group

Once the initial analysis was complete, a summary of 2021 Cohort results was presented to 2021 Cohort participants who chose to participate in their cohort's evaluation advisory group (EAG). The evaluation team held a series of feedback sessions during which evaluation findings were presented to

participants on a virtual call, and participants were asked to reflect on whether the findings resonated with their experiences, whether they had additional interpretations of the analyses, and whether anything seemed inaccurate. EAG members were also asked about the data visualizations to ensure they were accessible to them and to whomever they may share the results with. Thirteen 2021 Cohort participants formed the EAG, and each member received a $50 gift card for their participation. The evaluation team engaged the Continuing Track in a similar process to develop a series of report briefs but did not engage that cohort's EAG in a review of the full evaluation analysis, as too much time had passed since the Continuing Track programming was completed.

Analysis

This section presents the analysis of the baseline and endline data of the participant feedback surveys for both the CLHE 2021 Cohort and the Continuing Track Cohort. The analysis is organized with a breakdown of the CLHE 2021 Cohort followed by a breakdown of the Continuing Track Cohort. The analysis reviews each cohort's demographics, self-efficacy, knowledge, reasons for participating, and feedback for both waves of survey administration to depict how participants developed in their knowledge and understanding of key program principles and in their ability to implement and effect change. The analyses presented below should be interpreted with caution considering the response rates; neither cohort's findings can be generalized to the greater participant populations. Exhibit D1 presents the response rates for each survey wave.

Exhibit D1. 2021 Cohort's and Continuing Track Cohort's Response Rates

CLHE track	Baseline respondents	Endline respondents
2021 Cohort	52/93 (56%)	35/60 (58%)
Continuing Track Cohort	18/23 (78%)	14/23 (61%)

Note. CLHE = Community Leaders in Health Equity program.

2021 Cohort

What follows is the analysis for the 2021 Cohort based on responses provided from survey administration at baseline and endline.

Respondent Demographics

Most respondents for both survey waves identified as Mestiza/o/x or White/European American, and more than half in both survey waves identified as Hispanic/Latina/o/x. The ages of respondents varied for both waves, and fewer youth (under 18 years of age) responded at endline. The majority of respondents in both waves self-identified as women, and most respondents at baseline and endline also identified as not transgender nor gender nonconforming, nor as persons with disabilities.

Exhibit D2 shows a summary of the distribution of self-identified gender, age, race, ethnicity, and disability status for 2021 Cohort baseline and endline survey respondents.

Exhibit D2. 2021 Cohort's Baseline and Endline Respondent Demographics

Response options	Baseline respondents	Endline respondents
Race	**(n = 52)**	**(n = 35)**
Black/African American/African	2 (4%)	2 (6%)
Mestiza/o/x (Latinx/Hispanic people of mixed Indigenous and European ancestry)	30 (58%)	24 (69%)
Indigenous/First Nations/Alaska Native/American Indian	5 (10%)	5 (14%)
Pacific Islander/Native Hawaiian	1 (2%)	0 (0%)
Asian/Asian American (includes East, Central, West, South, and Southeast Asians/Asian Americans)	2 (4%)	0 (0%)
White/European American	17 (33%)	11 (31%)
Prefer not to state	1 (2%)	1 (3%)
Prefer to self-describe	1 (2%)	0 (0%)
Missing	0 (0%)	0 (0%)
Ethnicity	**(n = 52)**	**(n = 35)**
Latina/o/x or Hispanic	31 (60%)	23 (66%)
Not Latina/o/x or Hispanic	19 (37%)	12 (34%)
Missing	2 (4%)	0 (0%)
Age	**(n = 52)**	**(n = 35)**
Under 18	5 (10%)	1 (3%)
18–29	13 (25%)	8 (23%)
30–39	14 (27%)	11 (31%)
40–49	5 (10%)	5 (14%)
50–59	10 (19%)	8 (23%)
60–69	4 (8%)	2 (6%)
Missing	1 (2%)	0 (0%)
Gender	**(n = 52)**	**(n = 35)**
Woman	44 (85%)	31 (89%)
Two Spirit	2 (4%)	1 (3%)
Nonbinary	4 (8%)	4 (11%)
Man	4 (8%)	2 (6%)
Prefer not to state	0 (0%)	0 (0%)
Prefer to self-describe	0 (0%)	0 (0%)
Missing	0 (0%)	0 (0%)
Transgender or gender nonconforming	**(n = 52)**	**(n = 35)**
Transgender or gender nonconforming	3 (6%)	2 (6%)

Response options	Baseline respondents	Endline respondents
Not transgender or gender nonconforming	48 (92%)	32 (91%)
Prefer not to state	0 (0%)	1 (3%)
Missing	1 (2%)	0 (0%)
Disability	**(n = 52)**	**(n = 35)**
Person with a disability	3 (6%)	4 (11%)
Not a person with a disability	48 (92%)	31 (89%)
Missing	1 (2%)	0 (0%)

Note. Reponses in the "Race" and "Gender" sections may sum to more than 100% because respondents were asked to select all that applied.

Participant Self-Efficacy

The term "self-efficacy" was here defined as participants' assessment of how well they could learn and use the information presented to them in the curriculum. Participants were asked to rate to what extent they agreed with how they were affected by oppression, to what extent they agreed that they could learn and use the material from the program, and to what extent they agreed they would be likely to talk to others and take action towards addressing issues of health equity in their communities.

Self-efficacy was high among 2021 Cohort respondents at both baseline and remained high at endline.

Attitudes about Oppression

Exhibit D3 shows that most baseline (90%) and endline (77%) respondents indicated that they were affected by oppression at some level. Of those that were affected by oppression, most (baseline: 93%; endline: 100%) disagreed with the statement that there was nothing they could do about it. Most indicated that they looked for ways to support equity and challenge oppression (baseline: 88%; endline: 95%) and indicated that they were actively involved in supporting equity and challenging oppression (baseline: 90%; endline: 94%).

Exhibit D3. 2021 Cohort's Attitudes about Oppression
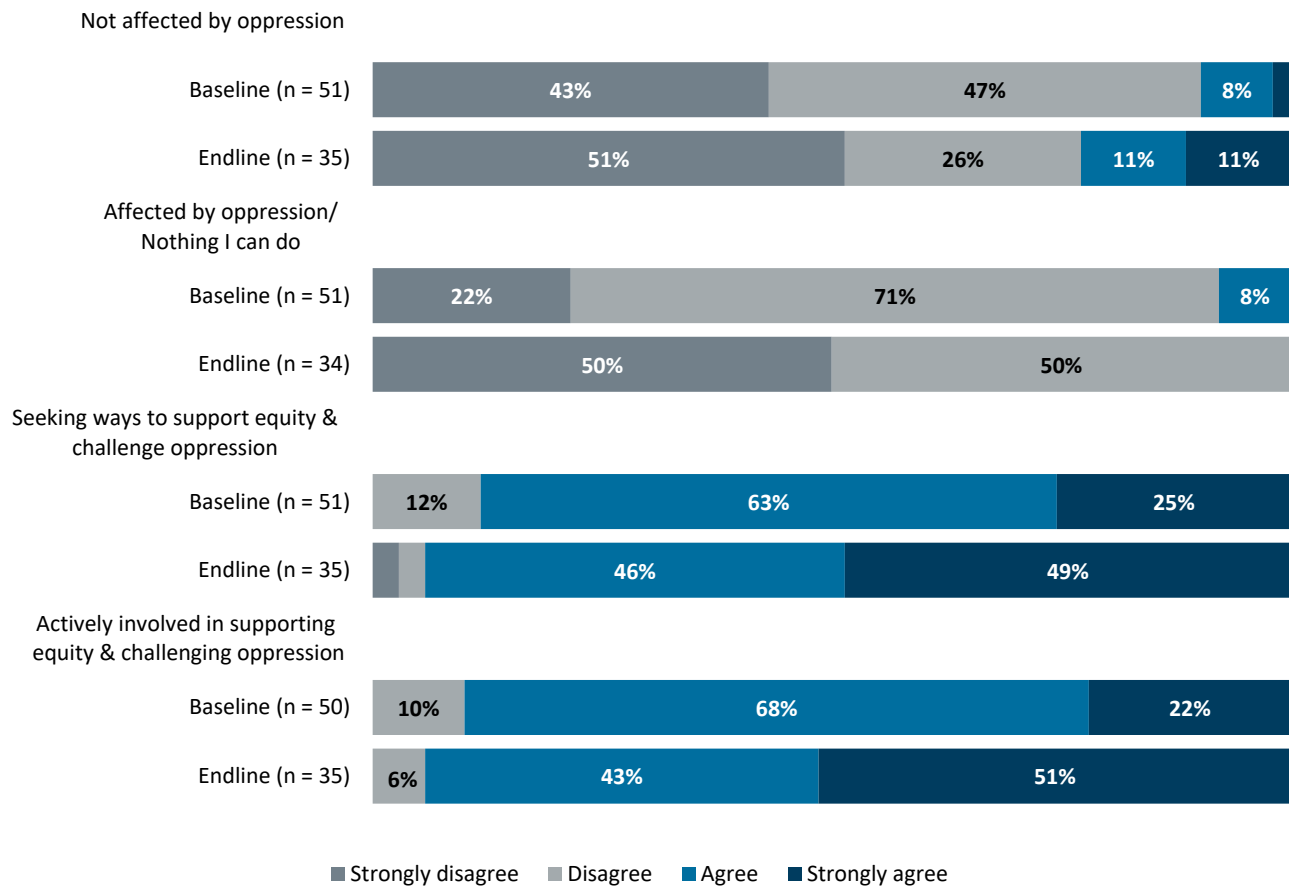
Not affected by oppression

Baseline (n = 51)	43% / 47% / 8%
Endline (n = 35)	51% / 26% / 11% / 11%

Affected by oppression/ Nothing I can do

Baseline (n = 51)	22% / 71% / 8%
Endline (n = 34)	50% / 50%

Seeking ways to support equity & challenge oppression

Baseline (n = 51)	12% / 63% / 25%
Endline (n = 35)	46% / 49%

Actively involved in supporting equity & challenging oppression

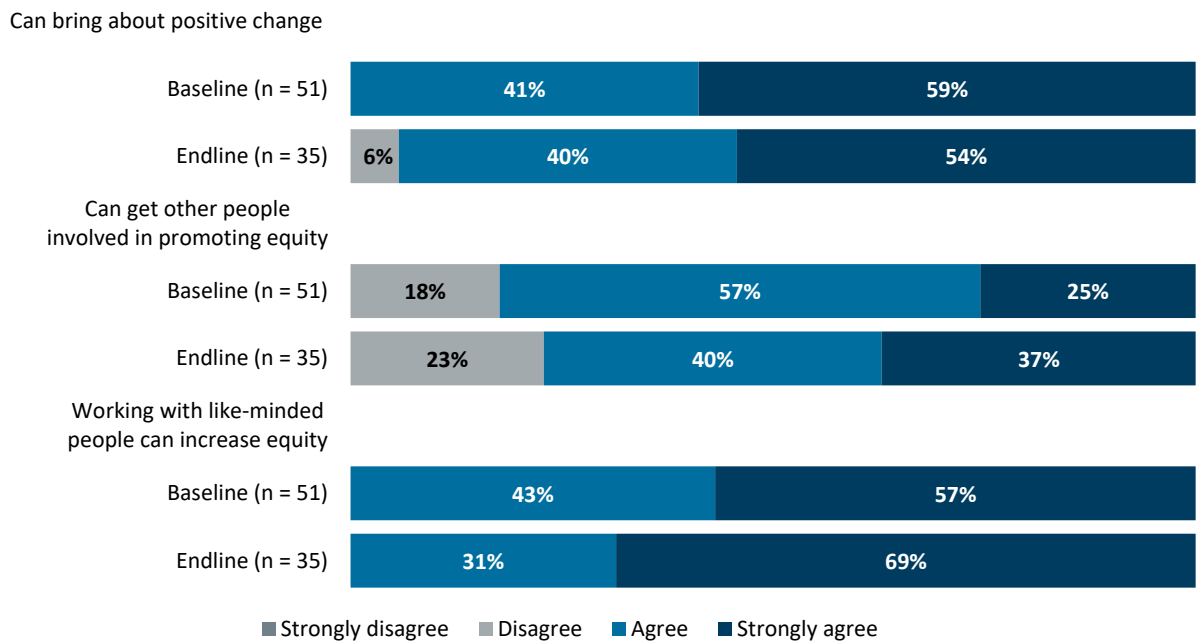|	
Baseline (n = 50)	10% / 68% / 22%
Endline (n = 35)	6% / 43% / 51%

■ Strongly disagree ■ Disagree ■ Agree ■ Strongly agree

Note. Bars may sum to slightly more or less than 100% due to rounding to whole numbers.

Ability to Address Equity

Exhibit D4 shows that more baseline than endline respondents believed that they could bring positive change (baseline: 100%; endline: 94%) and that they could get others involved in promoting equity (baseline: 82%; endline: 77%). This could be in part due to sample bias, as baseline and endline respondents were not necessarily the same participants, and about one-third of participants who started the program had dropped out by endline. Another potential factor for this reduction in self-efficacy could be that learning about oppression might make people feel overwhelmed and less optimistic about what can be achieved. When asked about this, EAG members were generally surprised to see the decrease but confirmed that at endline, they were more aware of the wide scope of inequity and how institutionalized it is, making it harder for individuals to overcome. Similarly, they suggested that there were a number of people who started but did not finish the program, which could have affected the responses at baseline and endline. One participant, however, wanted it noted that the decreases of these indicators were relatively small compared to the changes observed in other indicators. In contrast, all respondents at both baseline and endline agreed or strongly agreed that by working together with like-minded people, they could increase equity in their community.

Exhibit D4. 2021 Cohort's Ability to Address Equity

Can bring about positive change

Baseline (n = 51)	41% / 59%
Endline (n = 35)	6% / 40% / 54%

Can get other people involved in promoting equity

Baseline (n = 51)	18% / 57% / 25%
Endline (n = 35)	23% / 40% / 37%

Working with like-minded people can increase equity

Baseline (n = 51)	43% / 57%
Endline (n = 35)	31% / 69%

■ Strongly disagree ■ Disagree ■ Agree ■ Strongly agree

Diffusion and Action

As shown in Exhibit D5, when it came to the likelihood of diffusing information and taking action in their community, around half of the baseline respondents (55%) reported that prior to participation in the program, they were likely to talk to others about equity issues, and around half (51%) also reported being likely to take action to promote health equity. By endline, all respondents were likely to talk to others about equity issues and to take action to promote health equity, indicating the program provided them with the tools and confidence to act on what they had learned. The EAG members confirmed that this reflected their experiences, that they appreciated seeing the large increase, and that they felt this was likely applicable to all participants, not just those who completed the survey. They remarked that the program provided them with the opportunity to practice and put the concepts of health equity into action, making those concepts easier to take back to their communities.

Exhibit D5. 2021 Cohort's Intention Toward Diffusion and Action

Likely to talk to others about equity issues

Baseline (n = 52)	15%	29%	38%	17%
Endline (n = 35)	26%	74%		

Likely to take action to promote health equity

Baseline (n = 51)	10%	39%	37%	14%
Endline (n = 35)	29%	71%		

■ Strongly disagree   ■ Disagree   ■ Agree   ■ Strongly agree
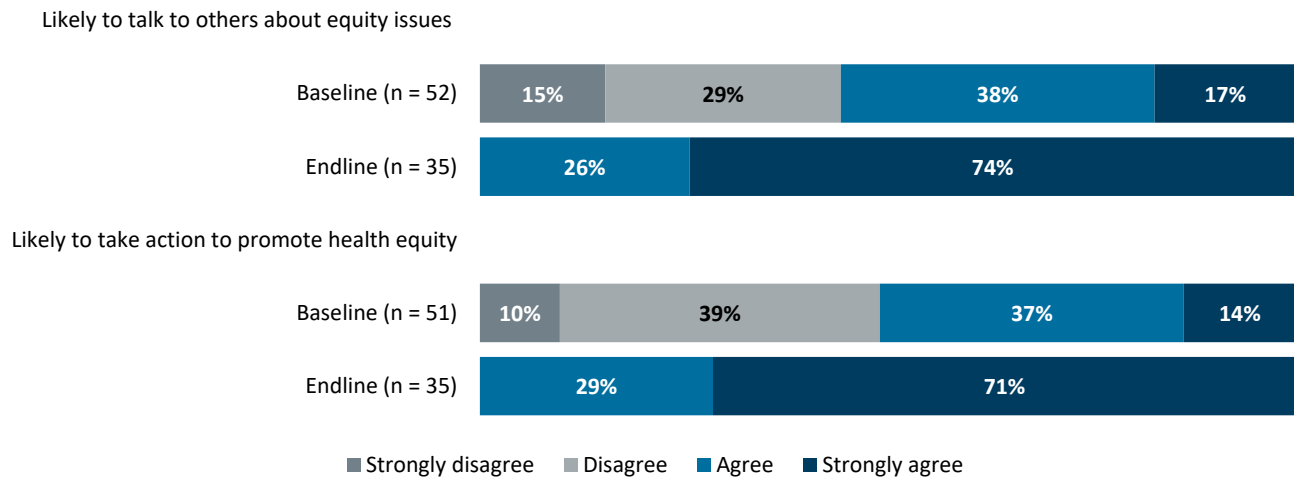
Note. Bars may sum to slightly more or less than 100% due to rounding to whole numbers.

Participant Learning

Participants were asked about their knowledge of concepts introduced in CLHE. In the baseline survey, they were asked to rate the knowledge that they had prior to participating in CLHE. In the endline survey, they were asked whether they knew anything new about the concepts introduced in CLHE.

Responses varied, but overall, most of the baseline respondents agreed or strongly agreed that they had some prior knowledge of the program topics. Exhibit D6 shows that almost all respondents (94%) had prior knowledge of race and racism. More than two-thirds of respondents indicated they had previous knowledge about leadership (85%), gender and sexism (79%), socioeconomic class and classism (77%), nation of origin, citizenship status and nationalism (75%), social power, privilege, and oppression (73%), and language and language oppression (71%). Respondents reported lower levels of previous knowledge about hosting events in the community (63%), health equity (61%), and how inequities and social factors affect health (60%).

Exhibit D6. 2021 Cohort's Reported Knowledge

Race & racism

Baseline (n = 52)	6%	67%	27%
Endline (n = 35)	14%	86%

Leadership

Baseline (n = 52)	13%	50%	35%
Endline (n = 35)	6%	26%	69%

Gender & sexism

Baseline (n = 52)	21%	56%	23%
Endline (n = 35)	23%	77%

Socioeconomic class & classism

Baseline (n = 52)	19%	60%	17%
Endline (n = 35)	17%	83%

Origin, citizenship status, & nationalism

Baseline (n = 52)	10%	15%	63%	12%
Endline (n = 35)	11%	86%

Social power, privilege, & oppression

Baseline (n = 52)	25%	54%	19%
Endline (n = 35)	17%	83%

Language & language oppression

Baseline (n = 52)	10%	19%	63%	8%
Endline (n = 35)	9%	91%

Hosting/facilitating events in my community

Baseline (n = 52)	8%	29%	40%	23%
Endline (n = 35)	6%	29%	66%

Health equity

Baseline (n = 52)	8%	31%	46%	15%
Endline (n = 35)	20%	80%

Effects of inequities & social factors on health

Baseline (n = 52)	8%	33%	48%	12%
Endline (n = 35)	26%	74%

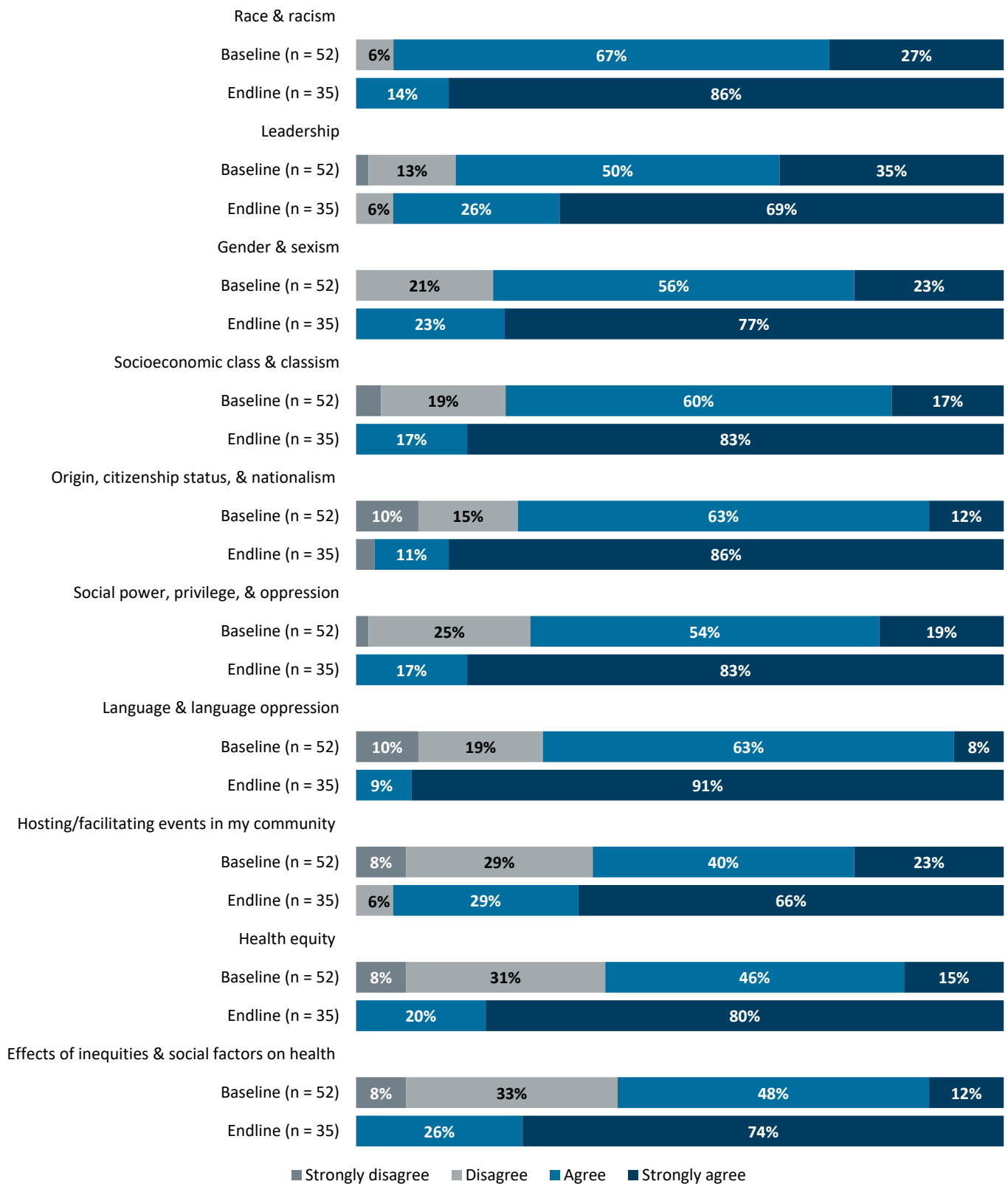■ Strongly disagree ■ Disagree ■ Agree ■ Strongly agree

Exhibit D6 also shows that at endline all or an overwhelming majority of respondents from the 2021 Cohort reported learning something new about important program concepts after going through CLHE.

While more than half of baseline respondents reported having prior knowledge of concepts in CLHE, the higher numbers at endline indicate that the program was successful in teaching these key topics to survey respondents. The EAG members further confirmed that their knowledge of all topics had increased, that the content presented to them was new, and that the content expanded their previous understandings of the topics.

Exhibit D7 shows that baseline respondents were hopeful about learning from CLHE. All but one (98%) agreed or strongly agreed that it was important to learn the program materials and concepts and felt that they could understand the topics presented. All baseline respondents believed they would be able to use knowledge from CLHE in their work in their communities. At endline, all respondents agreed that it was important for them to learn the materials and concepts in the program, and all understood the basic program topics presented and would use what they learned in their work in their communities. It should be noted that respondents universally agreeing they would use what they learned in their communities may be partially due to selection bias, as participants chose to sign up for the program knowing that this was an intended outcome.
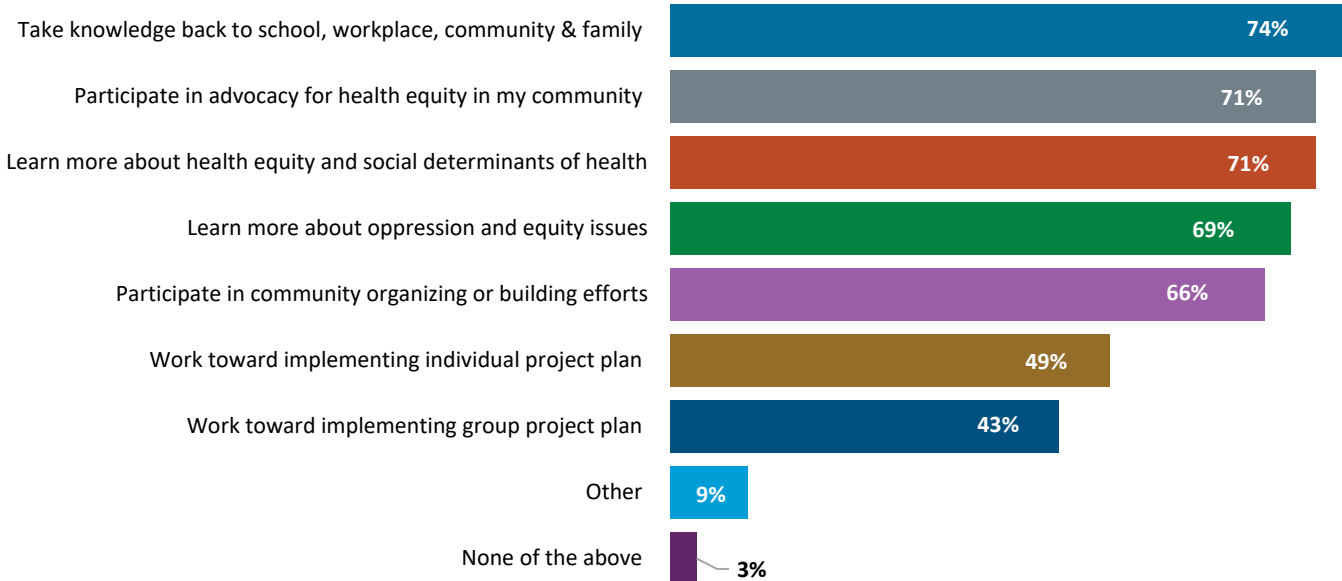
Exhibit D7. 2021 Cohort's Learning
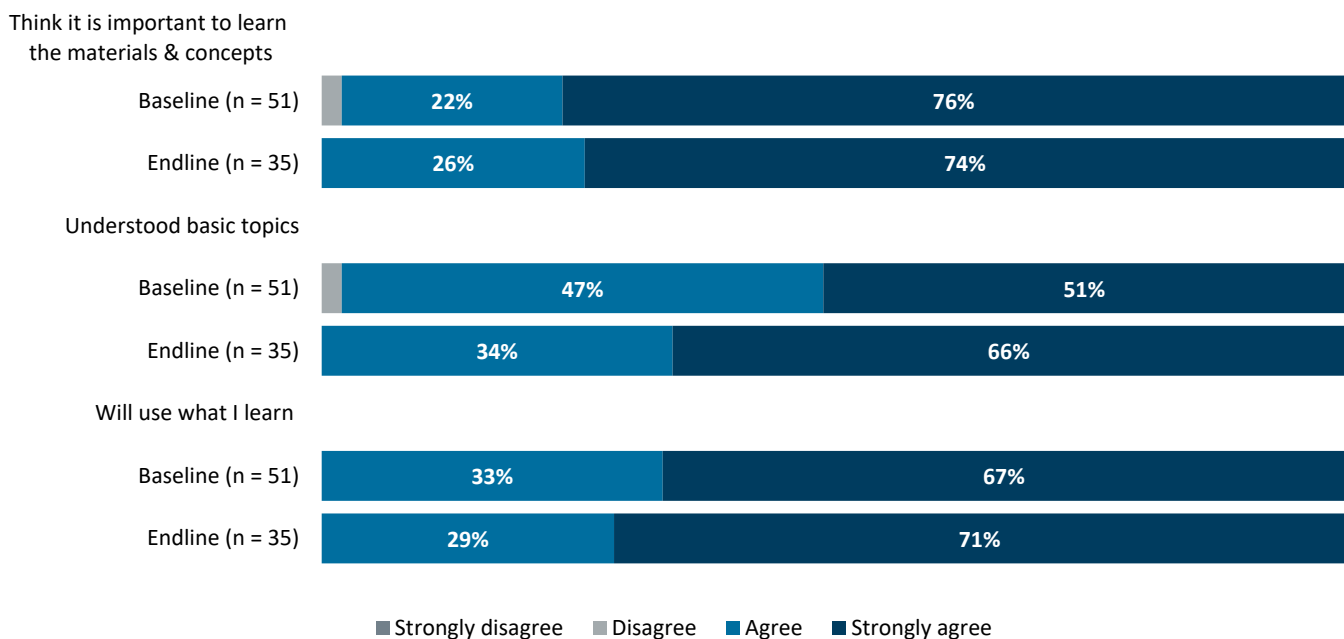
Future Plans

At endline, when asked about their future plans as a result of participation in CLHE, responses were varied (see Exhibit D8). Most respondents (74%) indicated that they would take what they learned to their school, workplace, community, and/or family. Others described plans to participate in advocacy

for health equity in their community (71%), further their learning about health equity and the social determinants of health (71%), further their learning about oppression and equity issues (69%) and participate in community organizing/building efforts (66%). Close to half of respondents also planned to work toward implementing individual (49%) and group (43%) project plans.

Exhibit D8. 2021 Cohort's Future Plans (Endline) (*n* = 35)

Plan	Percentage
Take knowledge back to school, workplace, community & family	74%
Participate in advocacy for health equity in my community	71%
Learn more about health equity and social determinants of health	71%
Learn more about oppression and equity issues	69%
Participate in community organizing or building efforts	66%
Work toward implementing individual project plan	49%
Work toward implementing group project plan	43%
Other	9%
None of the above	3%

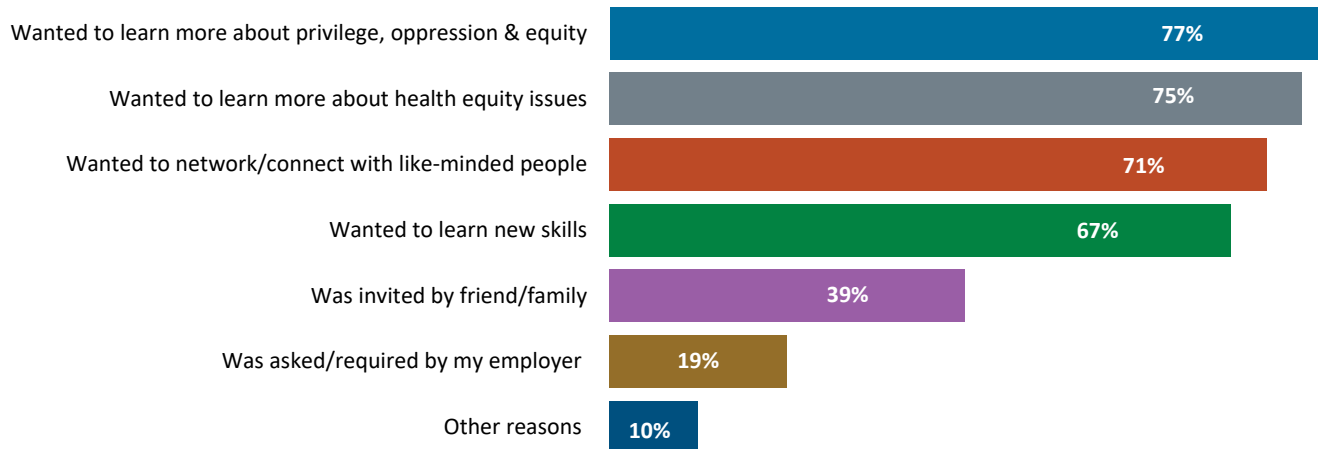## *Participation Goals, Expectations, Satisfaction, and Challenges*

In the baseline survey, participants were asked to provide their reason for choosing to participate in CLHE. To determine whether these goals were fulfilled, the endline survey asked participants if their program expectations were met. The endline survey responses confirmed that respondents felt that the program fulfilled their goals for participating.

Reasons for Participating

As shown in Exhibit D9, most respondents chose to participate in CLHE to learn more about privilege, oppression, and equity (77%); learn more about health equity issues (75%); to network (71%); and learn new skills (67%).

A handful of respondents listed other reasons for participating, such as recruitment by a coworker, testimony from a prior point person, and being supported enough to feel that they could take part (e.g., "My barriers were covered which made my participation possible"). A couple of respondents listed more concerning reasons (e.g., "Pressure from regional point person" and "tricked into it"). These outliers seem to be just that, and open-ended participant feedback (see below) did not show further negative feelings.

Exhibit D9. 2021 Cohort's Reasons for Participating (Baseline) (*n* = 52)

Reason	Percentage
Wanted to learn more about privilege, oppression & equity	77%
Wanted to learn more about health equity issues	75%
Wanted to network/connect with like-minded people	71%
Wanted to learn new skills	67%
Was invited by friend/family	39%
Was asked/required by my employer	19%
Other reasons	10%

Answers varied when respondents were asked what they hoped to get out of the program. Themes from the open-ended responses centered on respondents' hoping to increase their knowledge, awareness, confidence, and education. Respondents also reported wanting to learn new tools and skills to help their communities. They wanted to understand themselves and the ideas presented in CLHE. Some indicated wanting to connect with others and create stronger networks. Some of the open-ended responses included the following:

- "Awareness to bring positive change and education to my community."

- "Espero aprender y poner en prácticas nuevas maneras de abordar temas que promuevan la equidad. Quiero mejorar mis habilidades de liderazgo en la comunidad. Quiero rodearme de gente que está apasionada por los mismos temas que yo." ["I hope to learn and put into practice new ways of approaching issues that promote equity. I want to improve my leadership skills in the community. I want to surround myself with people who are passionate about the same topics that I am."]

- "How to relate to BIPOC in a fair and open atmosphere."

- "Knowledge to dismantle systems of oppression."

- "More understanding of systems of oppression and practical tools and ideas for how to reform them. Also, a better understanding and empathy for others who are oppressed in ways different than myself."

Satisfaction With Program

At endline, 2021 Cohort participants were asked whether the program met their expectations and, if so, how. Of those who responded, the majority (91%) expressed that their expectations were met and provided reasons, for example stating the program was "a real eye-opener," commending the level of depth in and understanding of the various components of the curriculum, learning the four (4) I's of
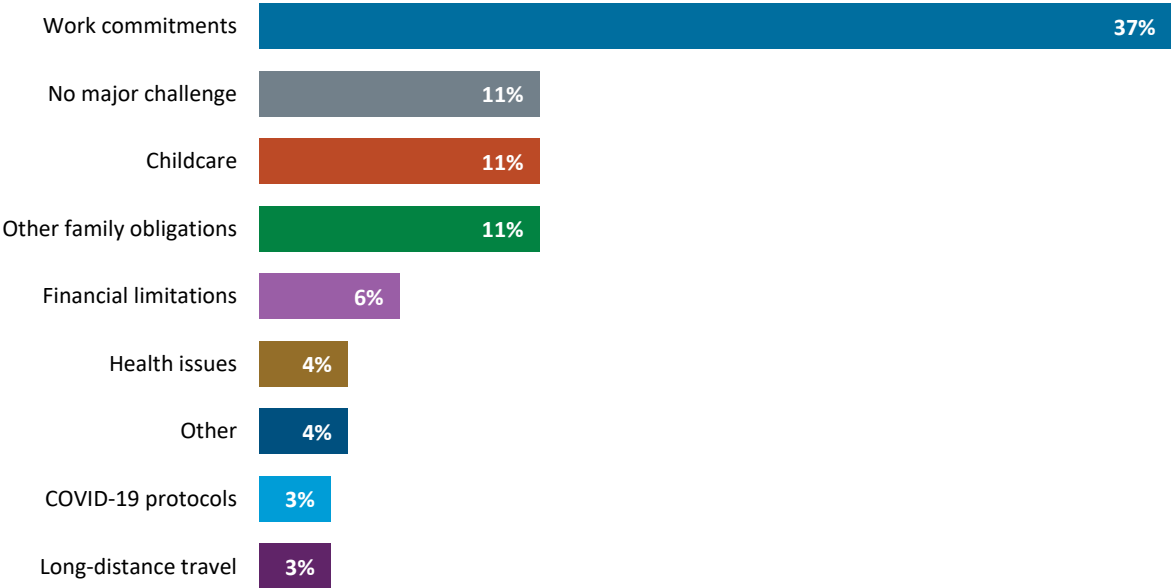
oppression[1], and learning how to use their knowledge to improve health equity. While the program generally met the expectations of respondents, concerns included needing to further reduce barriers to attending the program due to work and COVID-19, participants' other life obligations, and the fact that inherent inequity is difficult to overcome. This last point reflected an outlying perspective on the program but one worth mentioning: although the program tried to address equity in implementation, there was still room to grow and improve.

All respondents felt that the topics in CLHE were relevant, felt actively involved through the convenings, and looked forward to continuing equity and health equity work. All respondents also felt respected as participants. Only one (3%) reported that they were not able to connect with others.

Challenges to Participation

Respondents indicated that work commitments were their single greatest challenge to participating in the program (37%), followed by childcare and other family obligations (both 11%). No respondents indicated language access or disability access as challenges, highlighting the successes of the language justice and accessible spaces components built into the program (see Exhibit D10).

Exhibit D10. 2021 Cohort's Greatest Challenges to Participation (Endline) (*n* = 35)

Challenge	Percentage
Work commitments	37%
No major challenge	11%
Childcare	11%
Other family obligations	11%
Financial limitations	6%
Health issues	4%
Other	4%
COVID-19 protocols	3%
Long-distance travel	3%

Project Plans

Participants were asked to briefly describe their personal project plan, including the title of their project, the scope, and who was most impacted or served by it.

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[1] Note: The Chinook Fund uses this model but did not create the model. The original creators of the model are unknown.

Personal Project Plans

Of the 35 respondents, two-thirds (66%) provided a description of their personal project plans. The project plans focused on populations such as mothers, youth, those who are language oppressed, those who are unhoused, queer-identifying people, immigrants, and other populations targeted by oppression. The topics included storytelling, cultural events, leadership training, increasing access to systems through language-justice approaches, incorporating DEI principles into workspaces, creating media (e.g., newsletters and podcasts) to disseminate information related to health equity to community members, and providing safe spaces for people who are experiencing oppression.

Participants intend to continue their projects by conducting workshops, receiving support from their employer, working with local community officials, promoting adult education and information access, and working with hospitals.

Only three respondents reported that they did not plan on continuing their projects, stating reasons such as changing jobs and career paths, and that their "knowledge and expertise could be used at a more upstream level."

Open-Ended Participant Feedback

Participants were asked to provide open-ended feedback about the program at the end of each survey.

At baseline, less than half (46%) provided feedback. All the feedback received was positive: respondents praised the program for the opportunity it provided and were thankful for the opportunity to participate. Respondents noted that CLHE provided knowledge and an opportunity to network. One respondent pointed out that this program had the potential to impact many more people. Positive responses included the following:

- "Estoy feliz de ser parte de este programa. ¡Me ha cambiado la vida!" ["I am happy to be part of this program. It has changed my life!"]

- "Great program and great opportunity, can't wait to make changes in our community and get more people involved."

- "It has been so great to hear the real-life experiences of the other participants. I have built new relationships and have gained from the respect that we all have shown one another. It has already changed how I present in the world!!"

- "Just really grateful. Also, it's very humbling to be one of the white minority of this space, to be surrounded by the knowledge and experiences of people of color and third space people and to be able to learn alongside them where I have had very limited experiences and exposure to BIPOC in my rural Colorado life."

The few suggestions for improvement at baseline included decreasing time spent on going over program rules daily by instead offering a quick slideshow, with one participant stating that "I

appreciate and respect the importance of the rules, but have found myself tuning out during this portion of the presentation because I have heard the same material and seen the same slides so many times." Another suggested a social hour to increase networking and relationship-building opportunities and a shorter, youth-focused cohort to more easily facilitate student participation.

Another respondent pointed out the need for more time and space for regional team building before diving into the deeper teamwork. They noted they did not "feel cohesive/safe enough to commit my full self and perspectives or [feel] like I share a vision/objectives with my full regional team." This respondent suggested setting up online forums, which could help with community building within and across regions and could take the form of a contact database or platform such as Discord to foster voluntary communication among participants. This respondent also requested additional focus be put on "grounding" and checking in between activities.

At endline, almost three quarters of respondents (74%) provided feedback. Most responses were positive, thanking the program and expressing gratitude for the experience (58%), though stated satisfaction varied more than at baseline. Six respondents (23%) provided suggestions and other concerns such as Wi-Fi issues and the expense of bringing children to convenings. Four respondents (15%) indicated that they wished for the program to continue in some way.

Positive responses included the following:

- "Thank you for everything, it has been a great experience and I am so happy that we were able to get reimbursed for gas and childcare since I live so far away and that was always my greatest struggle."

- "This has been an unforgettable experience. [Transformative Alliances] and the team are much needed in this community. And deserve to have their work continue to be funded and brought to communities. This could change the world, if not at the very least, individual people's lives. I have never seen a curricula or program like this. It's unique and needed."

Suggestions included the following:

- "Please include mental and emotional health peers who are not participants or facilitators in site at every convening. Add a room specified healing with resources such as morning yoga. Ask GroundSwell fund for ideas. Be cautious of anti-blackness because it came up a lot."

- "While controversial, I think that having more white male, and male in general, participants would be useful for actually promoting leadership. White, cisgender, hetero male is considered a problematic demographic but there is not going to be a way to inspire growth with this type of person without allowing them. I know this can be a tenuous combination with those that I have seen as participants but I have overheard organizers saying this type of person was intentionally left out to keep a 'safe' environment."

Continuing Track

What follows is the analysis of the Continuing Track Cohort based on responses from the baseline and endline survey administration.

Respondent Demographics

More respondents identified as White/European American at endline compared to baseline, when most identified as Mestiza/o/x; more than half of respondents in both surveys identified as Hispanic/Latina/o/x. Respondents' ages varied in both surveys, with most identifying as within 40–49 at baseline and as within 30–39 at endline. The majority of respondents identified as women at the same time that most respondents in both surveys did not identify as transgender or gender nonconforming, nor as persons with disabilities. Additional details of the Continuing Track respondents' distribution of self-identified age, gender, race, ethnicity, and disability status is shown in Exhibit D11.

Exhibit D11. Continuing Track Cohort's Baseline and Endline Respondent Demographics

Response options	Baseline respondents	Endline respondents
Race	**(n = 18)**	**(n = 16)**
Black/African American/African	0 (0%)	1 (6%)
Mestiza/o/x (Latinx/Hispanic people of mixed Indigenous and European Ancestry)	11 (61%)	5 (31%)
Indigenous/First Nations/Alaska Native/American Indian	1 (6%)	0 (0%)
Pacific Islander/Native Hawaiian	0 (0%)	0 (0%)
Asian/Asian American (includes East, Central, West, South, and Southeast Asians/Asian Americans)	0 (0%)	0 (0%)
White/European American	4 (22%)	6 (38%)
Prefer not to state	0 (0%)	1 (6)
Prefer to self-describe	2 (11%)	0 (0%)
Missing	0 (0%)	0 (0%)
Ethnicity	**(n = 18)**	**(n = 16)**
Latina/o/x or Hispanic	14 (78%)	8 (50%)
Not Latina/o/x or Hispanic	4 (22%)	6 (38%)
Missing	0 (0%)	2 (13%)
Age	**(n = 18)**	**(n = 16)**
Under 18	0 (0%)	0 (0%)
18–29	2 (11%)	3 (19%)
30–39	4 (22%)	5 (31%)
40–49	7 (39%)	2 (13%)
50–59	3 (17%)	1 (6%)
60–69	2 (11%)	3 (19%)

Response options	Baseline respondents	Endline respondents
Missing	0 (0%)	2 (13%)
Gender	**(n = 18)**	**(n = 16)**
Woman	17 (94%)	12 (75%)
Two Spirit	1 (6%)	0 (0%)
Nonbinary	2 (11%)	1 (6%)
Man	0 (0%)	0 (0%)
Prefer not to state	0 (0%)	1 (6%)
Prefer to self-describe	0 (0%)	0 (0%)
Missing	0 (0%)	0 (0%)
Transgender or gender nonconforming	**(n = 18)**	**(n = 16)**
Transgender or gender nonconforming	2 (11%)	1 (6%)
Not transgender or gender nonconforming	16 (89%)	13 (81%)
Prefer not to state	0 (0%)	0 (0%)
Missing	0 (0%)	2 (13%)
Disability	**(n = 18)**	**(n = 16)**
Person with a disability	0 (0%)	4 (25%)
Not a person with a disability	18 (100%)	10 (63%)
Missing	0 (0%)	2 (13%)

Note. Reponses in the "Race" and "Gender" sections may sum to more than 100% because respondents were asked to select all that applied.

Participant Self-Efficacy

The term "self-efficacy" was defined as participants' assessment of how well they could learn and use the information presented to them in the curriculum. Participants were asked to rate to what extent they agreed with how they were affected by oppression, to what extent they agreed that they could learn and use the material from the program, and to what extent they agreed they would be likely to talk to others and take action towards addressing issues of health equity in their communities.
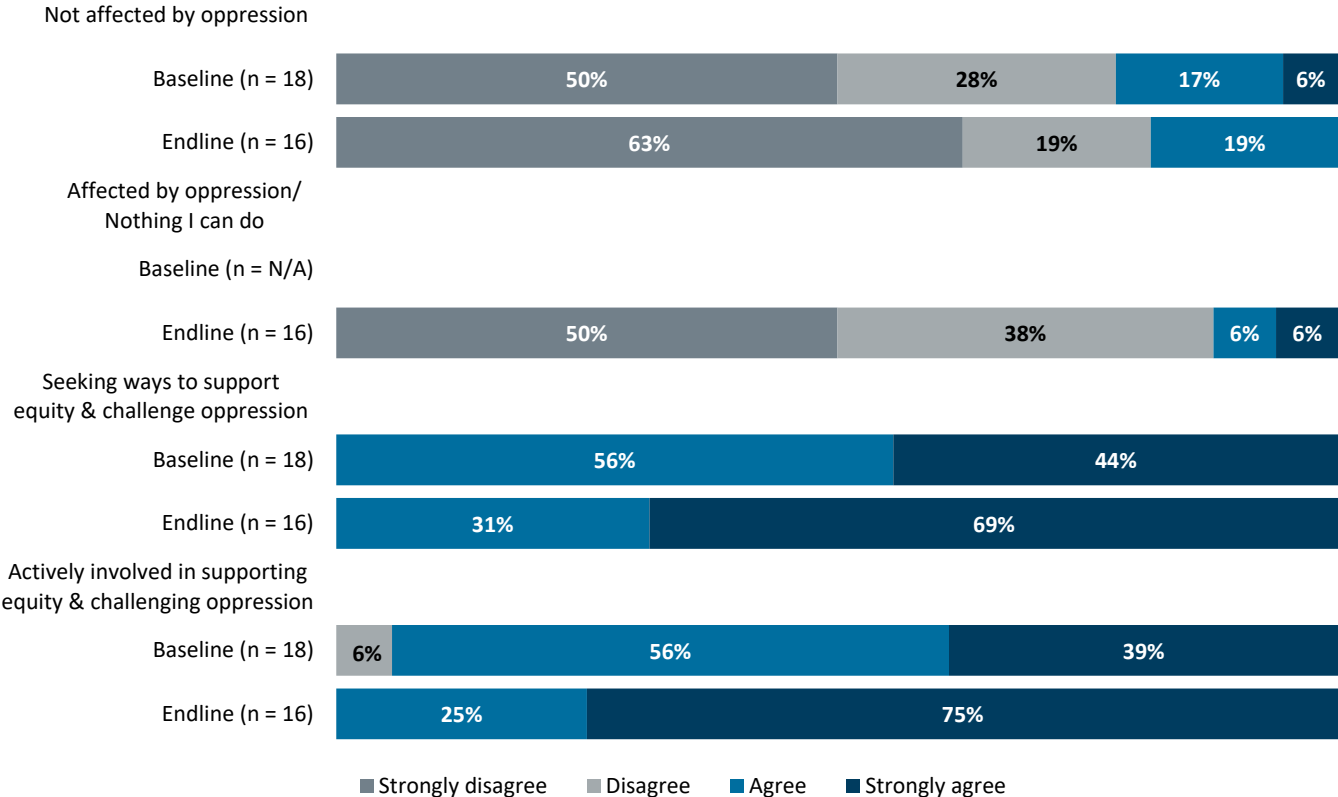
Self-efficacy was high among Continuing Track respondents at baseline and endline, except for the likelihood of talking about equity issues at baseline (44%), though by endline, all respondents felt they could do this.

Attitudes About Oppression

At baseline, self-efficacy was high among the Continuing Track respondents. The overwhelmingly positive self-efficacy shown in the below exhibits is likely a reflection of participants having already participated in the program for 18 months, as well as their self-selection to participate in the Continuing Track.

Exhibit D12 shows that most respondents thought they were affected by oppression at baseline (78%) and endline (82%). At endline, most (88%) believed there was something they could do about it.[2] All respondents at both baseline and endline indicated that they looked for ways to support equity and challenge oppression. Almost all respondents at baseline (95%) and all at endline indicated that they were actively involved in supporting equity and challenging oppression.

Exhibit D12. Continuing Track Cohort's Attitudes About Oppression

Not affected by oppression

Baseline (n = 18)	50%	28%	17%	6%
Endline (n = 16)	63%	19%	19%	

Affected by oppression/ Nothing I can do

Baseline (n = N/A)				
Endline (n = 16)	50%	38%	6%	6%

Seeking ways to support equity & challenge oppression

Baseline (n = 18)	56%	44%
Endline (n = 16)	31%	69%

Actively involved in supporting equity & challenging oppression

Baseline (n = 18)	6%	56%	39%
Endline (n = 16)	25%	75%	

■ Strongly disagree ■ Disagree ■ Agree ■ Strongly agree

Note. Bars may sum to slightly more or less than 100% due to rounding to whole numbers.
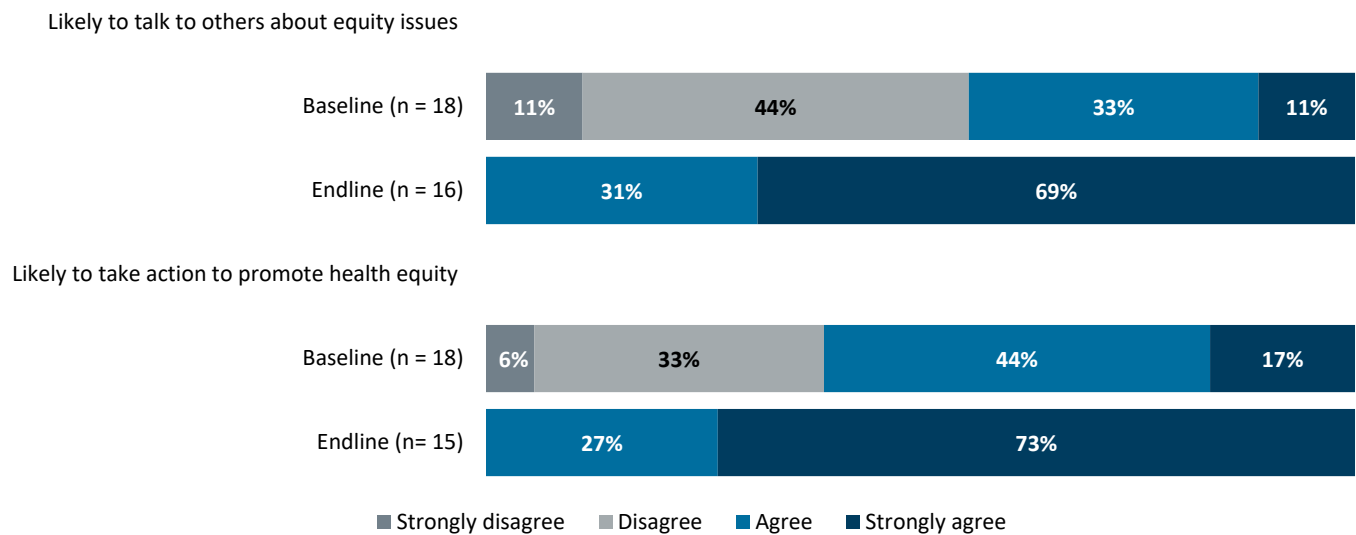
Ability to Address Equity

When respondents were asked about their communities at both baseline and endline, they all had a positive outlook. All agreed or strongly agreed that they could bring positive change to their community, could get people in their community involved in promoting equity, and could work with others to increase equity within their community. These data suggest that Continuing Track respondents had high degrees of self-efficacy on bringing about change in their communities in collaboration with those communities.

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[2] There was an error in the baseline survey item "I am affected by oppression, but there is nothing I can do about it," and instead the item read "I am not affected by oppression, but there is nothing I can do about it." Because of this error the results for this item are not reliable, they are not presented here.

Diffusion and Action

At baseline, fewer than half of respondents (44%) were likely to talk to others about health equity issues, but at endline, all were likely to talk to others about health equity issues. At baseline, two-thirds (61%) reported that they were likely to take action to promote health equity, but at endline, all reported that they were likely to take such action (see Exhibit D13). Although it is surprising that the baseline numbers were not higher, as these participants had already undergone the initial round of CLHE programming, like the results of 2021 Cohort, these results suggest that the program provided them with the tools and confidence to act on what they had learned.

Exhibit D13. Continuing Track Cohort's Intention Toward Diffusion and Action

Likely to talk to others about equity issues

Baseline (n = 18)	11%	44%	33%	11%
Endline (n = 16)	31%	69%		

Likely to take action to promote health equity

Baseline (n = 18)	6%	33%	44%	17%
Endline (n= 15)	27%	73%		

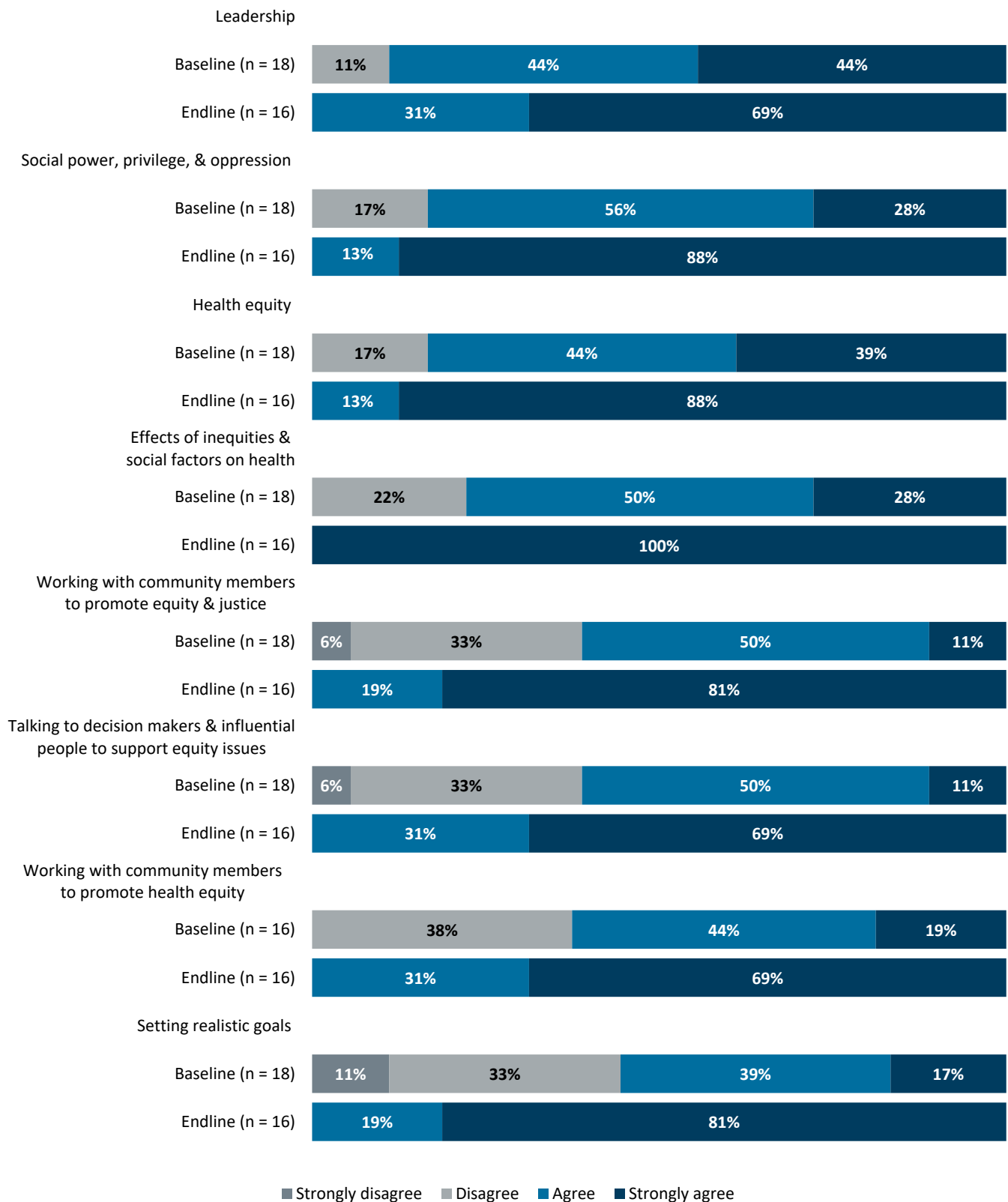■ Strongly disagree   ■ Disagree   ■ Agree   ■ Strongly agree

Participant Learning

When asked at baseline about prior knowledge of the concepts that would be covered in the Continuing Track, responses varied, but overall, most respondents had some knowledge of the program topics. Exhibit D14 shows that more respondents indicated that they had previous knowledge of leadership (88%); social power, privilege, and oppression (84%); health equity (83%); and the effect of inequities on health (78%) than respondents did about other topics. This makes sense, as these were concepts covered in the initial CLHE program track. More than one-third of respondents reported that they did not have previous knowledge of how to set realistic goals (44%), how to talk to decision makers in their community (39%), how to work with members of their community to promote equity and justice (39%), and how to work with members of their community to promote health equity (38%); these were Continuing Track topics that were not part of the initial CLHE program track.
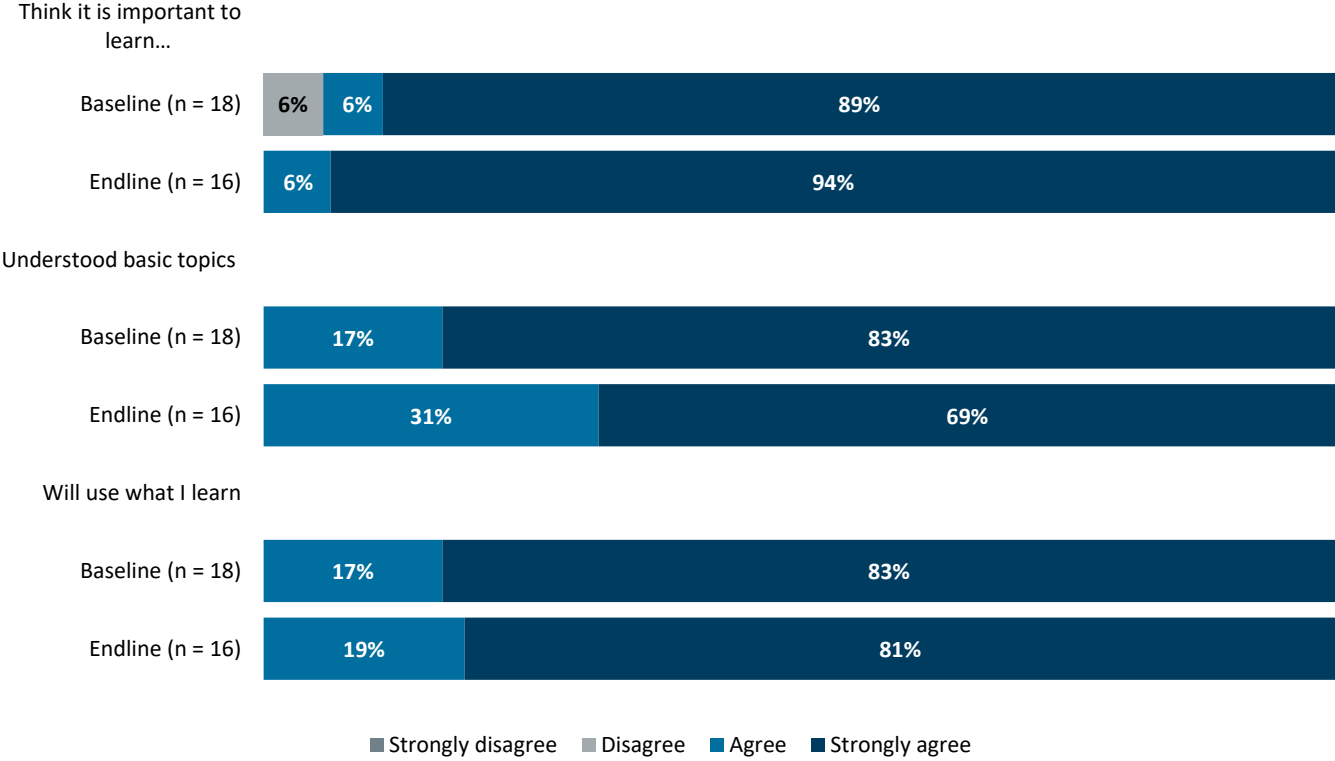
At endline, all respondents agreed or strongly agreed that they had learned about all of these topics as a result of the program.

Exhibit D14. Continuing Track Cohort's Reported Knowledge

Leadership

Baseline (n = 18): Strongly disagree 11%, Agree 44%, Strongly agree 44%

Endline (n = 16): Agree 31%, Strongly agree 69%

Social power, privilege, & oppression

Baseline (n = 18): Disagree 17%, Agree 56%, Strongly agree 28%

Endline (n = 16): Agree 13%, Strongly agree 88%

Health equity

Baseline (n = 18): Disagree 17%, Agree 44%, Strongly agree 39%

Endline (n = 16): Agree 13%, Strongly agree 88%

Effects of inequities & social factors on health

Baseline (n = 18): Disagree 22%, Agree 50%, Strongly agree 28%

Endline (n = 16): Strongly agree 100%

Working with community members to promote equity & justice

Baseline (n = 18): Strongly disagree 6%, Disagree 33%, Agree 50%, Strongly agree 11%

Endline (n = 16): Agree 19%, Strongly agree 81%

Talking to decision makers & influential people to support equity issues

Baseline (n = 18): Strongly disagree 6%, Disagree 33%, Agree 50%, Strongly agree 11%

Endline (n = 16): Agree 31%, Strongly agree 69%

Working with community members to promote health equity

Baseline (n = 16): Disagree 38%, Agree 44%, Strongly agree 19%

Endline (n = 16): Agree 31%, Strongly agree 69%

Setting realistic goals

Baseline (n = 18): Strongly disagree 11%, Disagree 33%, Agree 39%, Strongly agree 17%

Endline (n = 16): Agree 19%, Strongly agree 81%

Legend: ■ Strongly disagree ■ Disagree ■ Agree ■ Strongly agree

At baseline, respondents were hopeful about learning from the Continuing Track program (see Exhibit D15). All but one (95%) agreed or strongly agreed that it was important to learn the materials and program concepts, while all respondents felt confident that they could understand the topics presented and would be able to use knowledge from the Continuing Track. At endline, all respondents agreed or strongly agreed that it was important for them to learn the materials and concepts in the program and again indicated that they understood the basic program topics and would use what they learned in their community work.

Exhibit D15. Continuing Track Cohort's Learning

Think it is important to learn…

Baseline (n = 18)	6%	6%	89%
Endline (n = 16)	6%	94%

Understood basic topics

Baseline (n = 18)	17%	83%
Endline (n = 16)	31%	69%

Will use what I learn

Baseline (n = 18)	17%	83%
Endline (n = 16)	19%	81%

■ Strongly disagree　■ Disagree　■ Agree　■ Strongly agree

Note. Bars may sum to slightly more or less than 100% due to rounding to whole numbers.

Future Plans

When respondents were asked about their plans as a result of participating in the Continuing Track, responses varied (see Exhibit D16). Most (86%) indicated that they planned to participate in community-organizing and -building efforts. This measure was followed in frequency by taking knowledge back to their school, workplace, or community (79%) and furthering their learning about oppression and equity issues (79%). Ten respondents (71%) indicated that they planned to participate in health equity advocacy in their community, a measure followed in frequency by further learning about health equity and the social determinants of health (64%). Some participants (43%) stated that they planned to continue implementing their group and individual project plans.

Exhibit D16. Continuing Track Cohort's Future Plans (Endline) (*n* = 14)
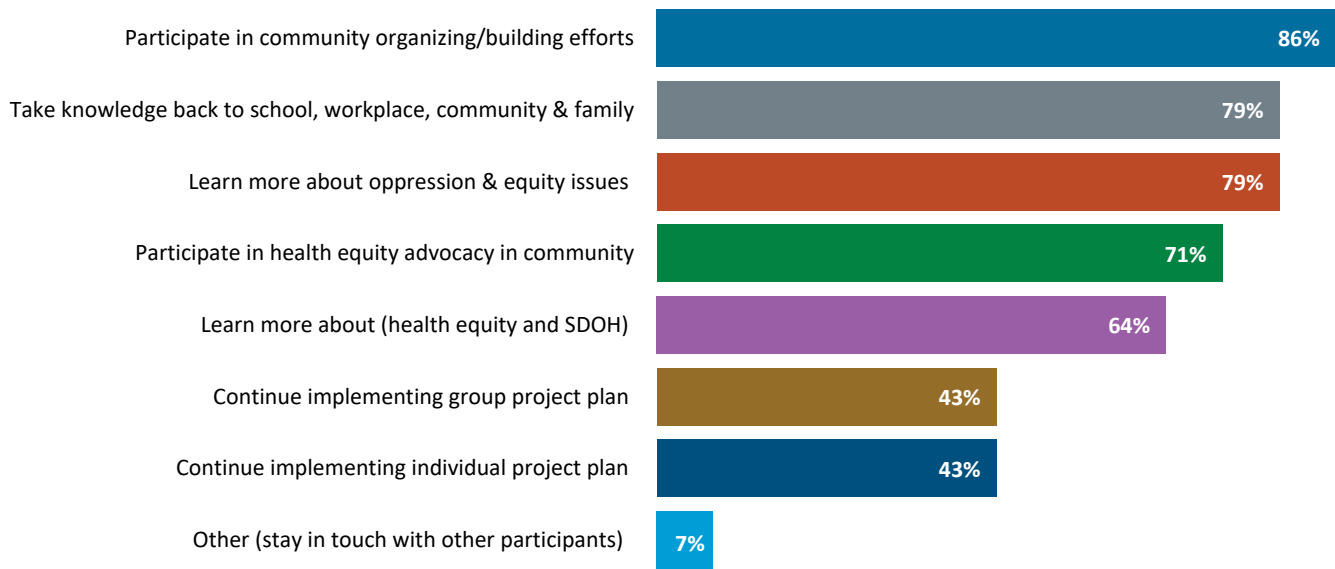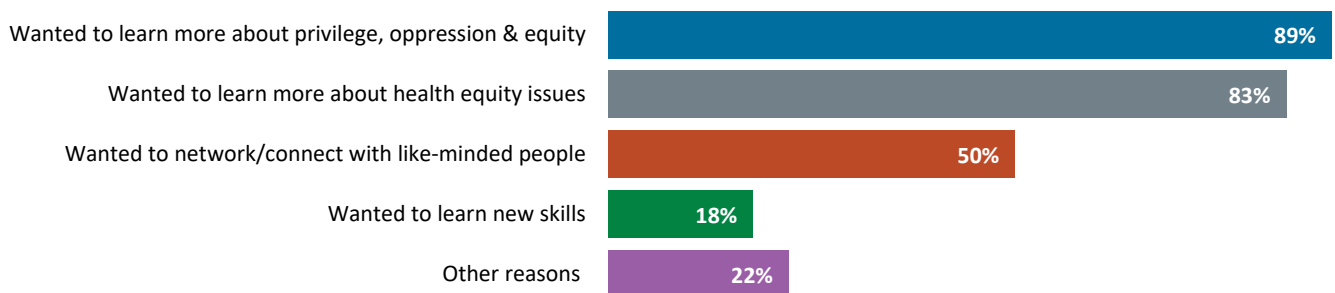
Category	Percentage
Participate in community organizing/building efforts	86%
Take knowledge back to school, workplace, community & family	79%
Learn more about oppression & equity issues	79%
Participate in health equity advocacy in community	71%
Learn more about (health equity and SDOH)	64%
Continue implementing group project plan	43%
Continue implementing individual project plan	43%
Other (stay in touch with other participants)	7%

Participation Goals, Expectations, Satisfaction, and Challenges

In the baseline survey, participants were asked why they participated in CLHE, and the endline survey asked them if their program expectations were met. The endline responses confirmed that respondents felt that the program fulfilled their participation goals and expectations.

Reasons for Participating

As shown in Exhibit D17, most baseline respondents chose to participate in the Continuing Track to learn more about privilege, oppression, and equity (89%); to learn more about health equity issues (83%); and to develop new skills (18%). Half of respondents (50%) selected networking as their reason for continuing in the Continuing Track.

Exhibit D17. Continuing Track Cohort's Reasons for Participating (Baseline) (*n* = 18)

Category	Percentage
Wanted to learn more about privilege, oppression & equity	89%
Wanted to learn more about health equity issues	83%
Wanted to network/connect with like-minded people	50%
Wanted to learn new skills	18%
Other reasons	22%

At baseline, respondents had varying open-ended responses when asked what they hoped to get out of the Continuing Track. Respondents hoped to increase their knowledge and skills, gain insights they could use to practice and carry out projects, continue their nonprofit work, and get coaching on how to

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educate others. They also hoped to become more involved in their communities and promote positive change. Their open-ended responses included the following:

- "Confidence in my knowledge of the issues as well as the way I present myself and engage with the issues within my community and the world."

- "More ways to have difficult conversations and do equity work in my community."

- "Poder poner en práctica todo lo que he aprendido." ["To be able to put into practice everything I have learned."]

- "Seguir trabajando e interrumpiendo las inequidades [y] opresión. Seguir aprendiendo para interrumpir todo esto que no es saludable para nadie hasta que se logre una buena equidad en general para un mundo más bonito." ["Keep working and interrupting inequities [and] oppression. Keep learning to interrupt all this that is not healthy for anyone until good equity in general is achieved for a more beautiful world."]

Expectations of Program

At endline, Continuing Track respondents were asked to provide open-ended responses about whether the program met their expectations and, if so, how. All participants indicated that their expectations were met, including three (20%) who expressed that the program exceeded their expectations. Explanations included that they learned a lot, felt accepted and valued, understood the program topics, and enhanced their advocacy skills. Two respondents (13%) noted that they did not know what to expect but felt that the program met their expectations and that they grew a lot due to the program.

**Encourage Participation of Others**

All respondents agreed that they would encourage others to participate in the Continuing Track. In open-ended responses, they offered reasons such as the importance of learning and developing new advocacy skills that they could share with the community and the ability to put what they learned into action. Some stated that they felt that they became better people, and one even said that they wished they learned the program skills earlier in life.

Challenges to Participation

When asked about the single greatest challenge for participating in the Continuing Track, more than one quarter of respondents (29%) stated that there were no major challenges (see Exhibit D18). Work commitments were the number one challenge (21%), followed by childcare, long-distance travel, and COVID-19 protocols (all 14%). One respondent (7%) listed financial limitations as their greatest challenge.

Exhibit D18. Continuing Track Cohort's Greatest Challenge to Participation (Endline) (*n* = 14)

Category	Percentage
No major challenge	29%
Work commitments	21%
Childcare	14%
Long-distance travel	14%
COVID-19 protocols	14%
Financial limitations	7%
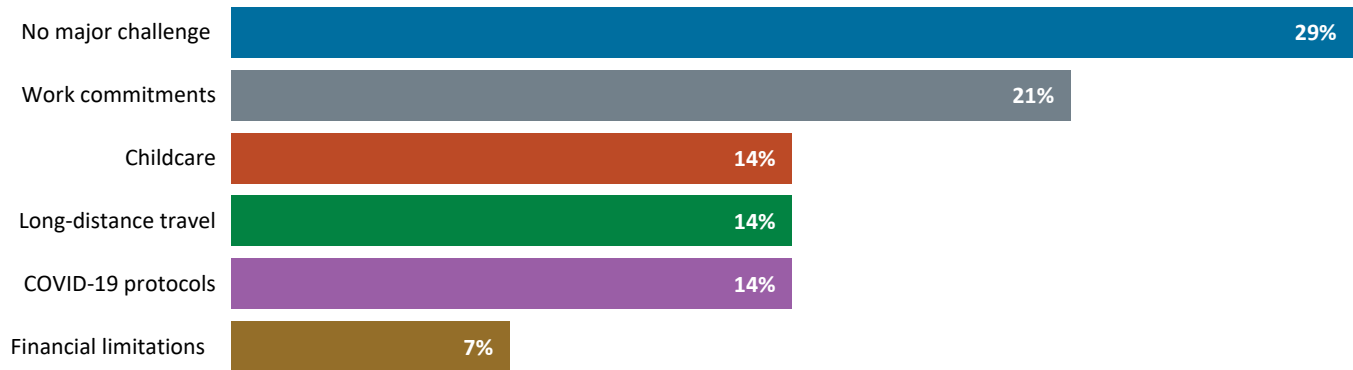
Projects

Participants were asked to describe the project they implemented, including the title of the project, the scope, and who was most impacted or served.

Personal Projects

Survey data on the personal projects participants completed were limited. Only 10 of the 16 participants who completed the survey provided a description of their projects. The projects implemented and described in the survey varied in focus (e.g., women, children, LGBTQ+, housing communities). The projects' reaches ranged from 4 to 500 people. One respondent implemented their project but had not completed it and therefore did not provide any further information. Although The Trust allocated extra funding that was disbursed through the Continuing Track grantee organization, the Rural Community Resource Center, to support the implementation of the projects, not all respondents applied to receive it, indicating not knowing how to apply or not having a clear project plan when funding was available as reasons for not applying. As far as respondents' plans for continuing their projects, the majority who reported having implemented the project said that they would continue it, and some stated what they would do next, including adding to their original scope and creating annual events. One respondent who did not complete their project said they would continue if funds became available. Another respondent who implemented their project stated that they would not continue due to other priorities in life. For a more comprehensive understanding of the projects that came out of the Continuing Track, please refer to the *Applied Learning in the CLHE Continuing Track* report brief.

Open-Ended Participant Feedback

For both the baseline and the endline surveys, participants were asked to provide open-ended feedback on the program as a whole. While fewer respondents provided feedback at endline (*n* = 9) than baseline (*n* = 14), almost all feedback was positive in both survey waves.

At baseline, respondents praised the program's instructors and presenters, felt it was a good learning opportunity, were motivated, and said participation was worth their time. One respondent noted that they wished they knew this information earlier in life. Another commented that they would like to see

a shorter track youth program to get more young people in the region involved, as the length of the program was a challenge for them. Finally, one respondent wanted to know what would come after the Continuing Track was finished. Positive responses included the following:

- "Disfruto mucho aprender y compartir con el grupo que hemos formado. Me motiva saber que hay gente en otras ciudades que está igual de comprometida que yo." ["I really enjoy learning and sharing with the group that we have formed. Motivates me knowing there are people in other cities who are just as committed as I am."]

- "I wish I had this knowledge earlier in life. I am happy for the youth that have participated!"

- "The continuing track is well worth my time and effort!"

As in the 2021 Cohort feedback, Continuing Track respondents were focused on creating a program specifically for youth that would be shorter and better accommodate their schedules.

At endline, more than half of participants (56%) provided feedback, thanking the program and highlighting their enjoyment, their appreciation of the gained knowledge and experience, and their sense of empowerment to make change. One participant requested a CHLE 3.0. Positive responses included the following:

- "This program has changed my life and the lives of my children. We've learned so many things and have been empowered to make change in our part of the state that will have lasting impact. Without this opportunity that never would have happened at this level."

- "CLHE was the best program ever and I wish it could continue because it is truly necessary for people to be educated about these topics."

- "Great experience truly this needs to stay around we've learned so much and it has domino effected the communities we serve."

Discussion

The participant feedback surveys were used in the CLHE evaluation to understand participants' views of themselves as agents of change in service of equity toward the beginning and the end of both the 2021 Cohort and the Continuing Track programming. Due to the low response rates of the surveys, the results were not representative of participants as a whole and therefore cannot be generalized. From those who did respond, we identified the following high-level findings.

Respondents' knowledge of oppression, equity, and advocacy issues increased across both program tracks. Respondents reported an increase in all knowledge topics for which they were surveyed, indicating that the program curriculum was communicated to them successfully. For the 2021 Cohort, respondent knowledge increased the most at endline in the areas of hosting and facilitating events, health equity, and the effects of inequities and social factors on health. For the Continuing Track, the areas in which respondent knowledge increased the most at endline were setting realistic goals,

working with community members to promote equity and justice, and talking to decision-makers and influential people to support equity issues. Growth in these areas aligned with the focus of the programming for both cohorts.

Respondents' self-efficacy increased across both program tracks. At endline, all 2021 Cohort respondents and more than 80% of Continuing Track respondents believed they could do something about oppression. Also at endline, most 2021 Cohort respondents were seeking ways to support equity and challenge oppression and all Continuing Track respondents were actively involved in supporting equity and challenging oppression. Further, almost 95% of endline 2021 Cohort respondents believed they could bring about positive change, and another three-quarters thought they could get others involved in promoting equity. While 2021 Cohort responses decreased on these indicators from baseline to endline, the numbers still indicated that there was a high level of self-efficacy among respondents, and the EAG participants confirmed that. All Continuing Track respondents believed they could bring about positive change and could get others involved in promoting equity at endline, which is not surprising given how long they committed to and participated in the program.

Respondents were motivated to continue their work beyond the end of the program. About three quarters of 2021 Cohort respondents planned to take what they had learned back to their school, workplace, community, and/or family, and more than two-thirds planned to participate in health equity advocacy in their community and further their learning about health equity, other equity issues, the social determinants of health, and oppression. More than 85% of Continuing Track respondents planned to participate in community organizing and building efforts, and more than three quarters planned to take their knowledge back to their school, workplace, community and/or family and further their learning about oppression and equity issues.

Respondents reported that they were satisfied with the program and that it met their expectations. More than 90% of 2021 Cohort respondents confirmed that CLHE met their expectations, and all felt that the topics were relevant, that they were actively involved through the convenings, and that they looked forward to continuing equity and health equity work. All respondents also felt respected as participants. All Continuing Track respondents indicated that their expectations were met, including three who expressed that the program exceeded their expectations, stating that they learned a lot, felt accepted and valued, understood the program topics, and enhanced their advocacy skills. Two respondents noted that they did not know what to expect but felt that the program met their expectations and that they grew a lot due to the program.

Competing work commitments were the greatest challenge to participation. In the 2021 Cohort, challenges to program participation included work commitments, childcare, other family obligations, health issues, financial limitations, COVID-19 protocols, and long-distance travel. Eleven percent of 2021 Cohort survey respondents indicated no major challenge to their participation as was the case for close to 30% of Continuing Track respondents. Respondents in the Continuing Track who indicated challenges to participation reported work commitments as the greatest challenge, followed by childcare, long-distance travel, and COVID-19 protocols, just as for the 2021 Cohort.

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