



## SPH - UNIVERSAL ANTI-RACISM TRAINING Evaluation of Training Data - Academic Year 2023-24

Presented by SPH Equity, Diversity & Inclusion Team



## Training Overview & Background

The University of Washington School of Public Health's EDI Universal Anti-Racism Training (UART) program has been offered to the school community since December of 2020. This training was launched in response to a petition signed by over 300 School of Public Health (SPH) students in Spring 2020, demanding from the Dean and department Chairs, a mandatory and recurring anti-racism training for all staff, faculty and students.

The training we developed is offered as a two-part course (level 1A and 1B) and it focuses on three core areas: Knowledge, Skills and Action. The 'knowledge' piece introduces participants to important key broaden concepts and terminology such as race, racism, anti-racism, white fragility, equity vs. equality, social justice, transformative justice, cultural proficiency, and others. The 'skills' piece introduces strategies and techniques to unlearn and relearn new ways of being and modeling anti-racist behavior. The 'action' piece challenges each of us to become more accountable to each other and to be part of the change we need to create a culture and climate that renounces all forms of oppression and phobia including racism, sexism, and classism. Specifically, level 1A centers on history of race and racism in public health, social determinants of health and health disparities. Level 1B centers on social identities, privilege, and intersectionality.

## Framework of the UART Assessment

### What do we want to achieve with the UART?

Raise awareness regarding:

- Racism and particularly anti-black racism and how they are perpetrated in academia, research, and public health;
- How white supremacy culture operates and manifests in our society and in our school.

Improve knowledge/understanding of:

- The complexity and intersectionality of race, gender, class, position, ability and other forms of identities and their accompanying power or lack thereof;
- The difference between being 'not racist' and being 'anti-racist';
- The basic understanding of key disparities in social determinants of health and the negative effect on the health of marginalized individuals;
- Target and agent identities, and their different stages of progression;
- Microaggressions and how to be an upstander;
- The Restorative Justice framework.

Create a safer space in our school for open and healthy dialogues regarding personal identities

Track the completion percentage of training among SPH faculty, staff, and students

- Number of individuals who completed each training (1A and 1B) each quarter during the last academic year.



Gather feedback regarding the training and the facilitators as learning opportunities and to foster improvement

- Assess learning gains by comparing responses for individuals in surveys pre/post training:
  - Understanding of key concepts;
  - Self-perceived knowledge about racism in public health;
- Assess participants satisfaction, including perceptions of relevance to work and quality of training;
- Provide opportunity for open-ended feedback.

## Training Timeline and Attendance Statistics



**Figure 1.** Trainings Offered by Quarter

**Table 1.** Attendance by Position in SPH

Position	1A	1B
Faculty	12	15
Staff	56	55
Student	2	2
<b>Total</b>	<b>70</b>	<b>72</b>

142 total attendees for the academic year (2023-2024)

**Table 2.** Attendance by Primary (Home) Department for SPH Faculty and Staff

Primary SPH Department	1A		1B	
	Faculty	Staff	Faculty	Staff
Biostatistics	2	2	1	3
Dean's Office	-	7	-	8
Environmental & Occupational Health Sciences	2	10	4	8
Epidemiology	1	2	1	2
Global Health	1	20	2	18
Health Systems and Population	6	15	7	13
Interdisciplinary	-	0	-	3
<b>Total</b>	<b>12</b>	<b>56</b>	<b>15</b>	<b>55</b>

**Table 3. Attendance by Self-Reported Gender**

Gender	1A	1B
Female	57	55
Male	9	6
Non-Binary	2	1
Other	-	1
No Response	2	9
<b>Total</b>	<b>70</b>	<b>72</b>

**Table 4. Attendance by Self-Reported Race/Ethnicity**

Race/Ethnicity	1A	1B
American Indian/ Alaskan Native	-	-
Asian	15	14
Black or African	2	4
Chicano/Chicana	1	2
Hispanic or Latinx	5	3
Indigenous	-	-
Middle Eastern	-	-
Multiracial	9	9
Native Hawaiian/Pacific Islander	-	-
Other	-	-
White	37	39
No Response	1	1
<b>Total</b>	<b>70</b>	<b>72</b>

*Attendees who listed more than one race/ethnicity were included in the multiracial category*

## Timing of Assessments and Completion Statistics



**Figure 2. Timing of Surveys Used to Assess Knowledge and Trainings** (Survey questions can be found in the Appendices at the end of this report.)

**Table 5. Training Survey Completion Statistics**

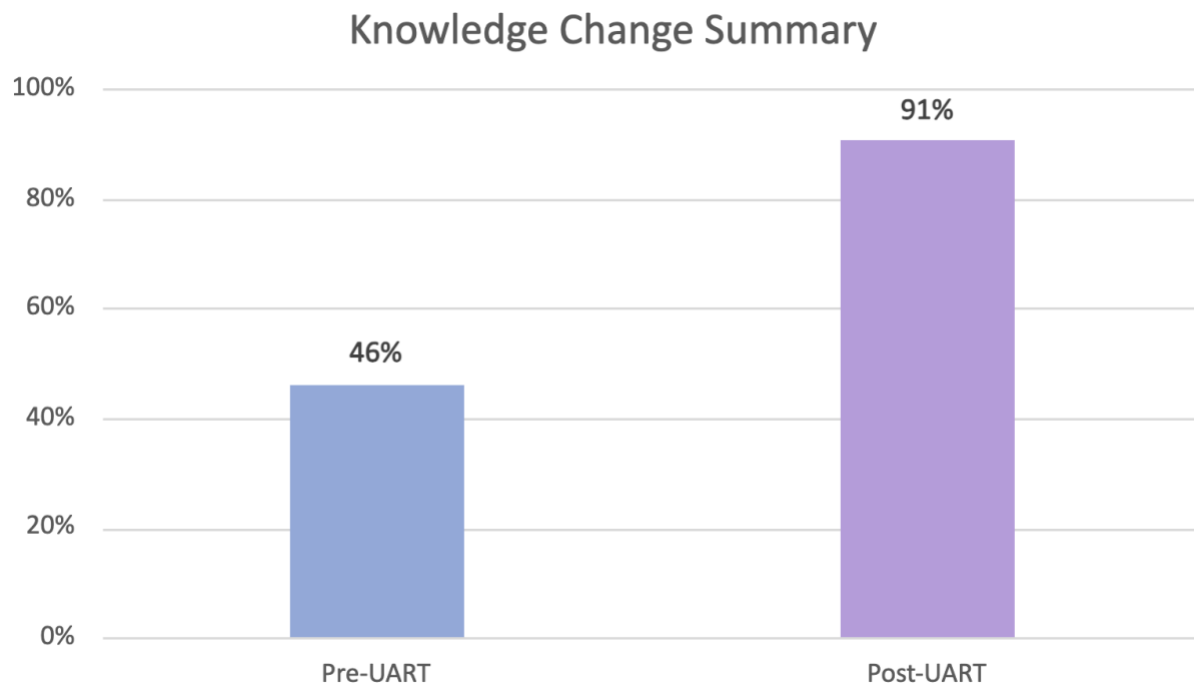
Training	Date	Quarter/Year	Faculty/Staff/Student	Attendance	Attendees that Completed Post-Training Surveys (%)
1A	03-Nov	AUT 23	Mixed F/S	34	16 (47%)
1B	17-Nov		Mixed F/S	37	10 (27%)
1A	09-Feb	WIN 24	Mixed F/S	21	12 (57%)
1B	23-Feb		Mixed F/S	20	10 (50%)
1A	26-Apr	SPR 24	Mixed F/S/S	15	7 (47%)
1B	10-May		Mixed F/S/S	15	6 (50%)
				<b>142</b>	<b>61 (43%)</b>



## UART Assessment Results

### Key Results from Level 1A and Level 1B Post-Training Surveys for UART

- 97% of participants reported that UART met their expectations.
- 93% of participants reported the quality of their UART experience as good or excellent.
- 93% of participants reported that UART was relevant to their work and that the facilitators presented relevant examples during the training.
- 91% of post-UART participants reported they felt knowledgeable about the history of racism in public health. (Level 1A Only)



**Figure 3. Knowledge Change** (Percent of level 1A post-training survey respondents that agreed or strongly agreed to the statement “I am knowledgeable and aware about racism in public health”.)

### Key Themes from Assessment

#### Effective Learning Experience

#### Responses in Quantitative Portion of the Level 1A and Level 1B Post-Surveys

- 97% of respondents said they would recommend this training to other public health colleagues.
- 97% of respondents said they will take aspects of the training and apply them to their current position.

### *Responses in Open-Ended Portion of the Level 1A and Level 1B Post-Surveys*

Participants appreciated the interactive structure of the training, particularly the mix of discussions, videos, and real-world applications. Breakout groups were highlighted as one of the most effective components, allowing attendees to reflect on and discuss complex topics with peers. This method not only fostered deeper understanding but also gave participants the opportunity to apply theoretical concepts to their everyday work in the School of Public Health.

*“The breakout groups were most helpful to me. It's not something I get to discuss in everyday life - or maybe I should say that I mostly use my time to focus on “tasks” through work. So, I think it broadens my idea of what I can be doing better. I think we see many elements throughout the training - the history of race, how racism comes up at our university and in our school.” – Staff (Winter 2024)*

*“This session was so interactive. I appreciated that the theory taught was simpler than from the 1A training and followed up by direct applications to realistic situations. Switching the medium between lecture, reading, video, and discussion was very effective and made the session feel engaging and well-paced. Also really appreciated my group members for their vulnerability and insightful discussion. Honestly probably the best DEI/anti-racism training I've ever been a part of, thank you!” – Staff (Winter 2024)*

*“The small group discussion was particularly valuable in helping process some of the very heavy (but helpful) subject matter.” – Faculty (Winter 2024)*

*“I liked the mix of breakouts and group time, the breaks were well-timed, and the training included a mix of different voices and perspectives. It is always great to be able to use the chat as well.” – Faculty (Winter 2024)*

### Engaging Facilitation and Presentation

#### *Responses in Quantitative Portion of the Level 1A and Level 1B Post-Surveys*

- 95% of respondents agreed that the facilitators were clear and concise.
- 100% of respondents agreed that the facilitators presented the material in an engaging manner.

#### *Responses in Open-Ended Portion of the Level 1A and Level 1B Post-Surveys*

Participants consistently praised the facilitators for their engaging presentation style and ability to create a safe space for discussions on sensitive topics. The training effectively balanced a diverse array of subjects while remaining interactive, even in a virtual setting. Attendees found the breakout sessions, upstander training, and restorative justice discussions particularly impactful, helping to deepen their understanding of the content.





*“Facilitators did a great job covering the materials and providing a safe space for sensitive discussions.” – Staff (Winter 2024)*

*“I enjoyed the conversations about being an upstander (a new term to me), and I was very interested [sic] to learn about restorative justice.” – Staff (Spring 2024)*

*“Despite the large group in the training, it felt very interactive. Presenters did wonderful job monitoring and encouraging chat and conversations in Zoom.” – Staff (Autumn 2023)*

*“Exceeded expectations thanks to more time in breakout sessions, great scenarios and thoughtful content and presentation.” – Staff (Winter 2024)*

### Suggestions for Enhancements and Improvements

#### *Responses in Quantitative Portion of the Level 1A and Level 1B Post-Surveys*

- 5% of respondents said that they did not learn anything new.
- 3% of respondents said the training content did not meet their expectations.

#### *Responses in Open-Ended Portion of the Level 1A and Level 1B Post-Surveys*

Although the overall feedback for this academic year was positive, several key areas for improvement emerged, particularly around timing, content relevance, and breakout group facilitation.

*“I felt like conversations focused a lot on microaggressions, but did not do deep work on issues that are very real and threatening to ethnic minorities in the workplace (like workplace retaliation or other macroaggressions), aside from acknowledging that they exist.” – Staff (Autumn 2023)*

Participants highlighted the need for more structured facilitation in breakout discussions. Some expressed concerns that conversations were focused on surface-level topics, without addressing deeper, more severe issues. Many suggested that structured case studies or examples could guide conversations and make participants feel more comfortable sharing, while others felt the breakout rooms themselves were awkward:

*“Break out rooms - because we are strangers who are required to take this training together. Talking about this content is uncomfortable. If there was a case study or example to help guide conversation and learning or something that people can reflect on the prompts more neutrally and without feeling compelled to share personal experiences (just a suggestion to facilitate break out room conversations).” – Staff (Autumn 2023)*

*“I did not like the breakout rooms - there was a lot of uncomfortable silence and awkwardness.” – Staff (Autumn 2023)*



Additionally, participants felt the training could offer a more critical examination of UW's institutional role, noting that discussions often felt abstract and missed addressing institutional challenges. Incorporating more examples specific to the School of Public Health (SPH) would make the training more relevant and impactful for participants:

*“More discussion on history of racism in public health as well as recent/current instances of racism in HRC. These were touched on but would be great if the time was extended to include more about those particular issues.” – Staff (Spring 2024)*

*“The diagram and theoretical framework for understanding antiracism within public health feels exciting and important, but it was hard to understand what was specific to public health about it. It looked really vague, more specific examples are needed for that segment to build connection and understanding.” – Staff (Winter 2024)*

Several attendees also suggested shortening the sessions or adding more breaks to alleviate Zoom fatigue and maintain engagement. Feedback indicated that longer sessions made it difficult to stay attentive:

*“It felt a bit long which made it hard to stay engaged at all times” – Staff (Winter 2024)*

By addressing concerns related to time management, content relevance, and the structure of breakout groups, future training sessions can better meet the needs of participants, ensuring that faculty and staff within the SPH community gain a more valuable and impactful learning experience.



***We hope to further your commitment &  
contribution to improving the culture at SPH!***

***Your SPH EDI Team: Victoria Gardner, rukie hartman,  
Ahoua Koné, Samsam Mohamud, and Juhi Thomas***

***Former members: Michelle Arambula, Amra Habibuddin, Steven Nez, Shanise  
Owens, Sydney Rogalla, Amanda Shi, Dil Singh, Brittany Udo, Amir Yacoub***



## APPENDIX 1. KEY TERMS AND DEFINITIONS USED IN TRAININGS

Topic	Response
Power	The assumption, ability or official authority to decide what is best for others; who gets access to resources; the capacity to exercise control over others.
Prejudice	Preconceived notion not based on reason or actual experience
Oppression	A pattern or system of inequality that gives power and privilege to one group at the expense of another.
Race	A specious classification of human beings created by Europeans which assigns human worth and social status using "White" as the model of humanity and the height of human achievement for the purpose of establishing and maintaining power
Racism	Power + Prejudice + Race
Topic	Response
Institutional (Systemic)	Structural barriers, societal norms, policies, laws, practices, access...
Personally Mediated (Interpersonal)	Intentional/unintentional, acts of commission/omission, condones and maintains barriers
Individual (Internalized)	Internalized superiority/inferiority, active undoing



## APPENDIX 2. PRE-TRAINING SURVEY QUESTIONS

### Introduction of survey

Welcome to the Universal Anti-Racism Training (UART) 1A pre-training survey. Please complete the survey below to the best of your ability as this information is very valuable to our team to ensure a successful training program.

### Demographics

- 1. Unique identifier (assigned by RedCap)**
- 2. Department:**
  - a. Biostatistics
  - b. Dean's Office
  - c. Department of Environmental and Occupational Health Sciences
  - d. Epidemiology
  - e. Global Health
  - f. Health Systems and Population Health
  - g. Interdisciplinary
- 3. Departmental Position**
  - a. Faculty
  - b. Staff
  - c. Student
- 4. Race/Ethnicity Questions (check all that apply)**
  - a. American Indian/ Alaskan Native
  - b. Asian
  - c. Black or African
  - d. Chicano/Chicana
  - e. Hispanic or Latinx
  - f. Indigenous
  - g. Middle Eastern
  - h. Multiracial
  - i. Native Hawaiian/Pacific Islander
  - j. Other
  - k. White

### Process Questions

- 1. Please select all the professional and personal skills/tools you hope to gain from this training.**
  - a. Increased understanding of history of racism in public health
  - b. Knowledge about White Supremacy Culture
  - c. Knowledge of Restorative Justice
  - d. Increased understanding of key terms and anti-racism praxis



- e. Increased skills intervening as a bystander/upstander when witnessing microaggressions.
  - f. Greater comfort discussing racism and anti-racism in a variety of settings.
  - g. Other (please specify) \_\_\_\_\_
- 2. What kind of outcomes do you think will result from the anti-racism training within the UW SPH community?**
- \_\_\_\_\_
- 3. Do you currently or have you previously worked with BIPOC (Black, Indigenous, and Persons of Color) communities or in health disparities/social determinants of health research?**
- a. Yes
    - i. If so, have you received training to work with these communities?  
\_\_\_\_\_
  - b. No
- 4. Over the past year, has your department provided any type of trainings, programs, or lectures specifically aimed at addressing anti-racism, microaggression, and/or bias?**
- a. Yes
  - b. No
  - c. I am not sure
- 5. If yes to question 5, have you been able to attend any of them?**
- a. Yes
  - b. No
- 6. When thinking about anti-racism training which topic makes you feel the most vulnerable? (Select all that apply)**
- a. White supremacy
  - b. Social Determinants of Health
  - c. Critical Race Theory – thinking about race as social construct
  - d. Privilege/Positionality



## Learning Outcome Questions

### Knowledge

**1. Choose the best definition for *Power*:**

- The assumption, ability, or official authority to decide what is best for others; who gets access to resources; the capacity to exercise control over others.
- Preconceived notion not based on reason or actual experience.
- A pattern or system of inequality that gives power and privilege to one group at the expense of another. Power + Prejudice = Oppression.
- A specious classification of human beings created by Europeans which assigns human worth and social status using "White" as the model of humanity and the height of human achievement for the purpose of establishing and maintaining power.
- Power + Prejudice + Race = Racism.

**2. Choose the best definition for *Prejudice*:**

- The assumption, ability, or official authority to decide what is best for others; who gets access to resources; the capacity to exercise control over others.
- Preconceived notion not based on reason or actual experience.
- A pattern or system of inequality that gives power and privilege to one group at the expense of another. Power + Prejudice = Oppression.
- A specious classification of human beings created by Europeans which assigns human worth and social status using "White" as the model of humanity and the height of human achievement for the purpose of establishing and maintaining power.
- Power + Prejudice + Race = Racism.

**3. Choose the best definition for *Oppression*:**

- The assumption, ability, or official authority to decide what is best for others; who gets access to resources; the capacity to exercise control over others.
- Preconceived notion not based on reason or actual experience.
- A pattern or system of inequality that gives power and privilege to one group at the expense of another. Power + Prejudice = Oppression.
- A specious classification of human beings created by Europeans which assigns human worth and social status using "White" as the model of humanity and the height of human achievement for the purpose of establishing and maintaining power.
- Power + Prejudice + Race = Racism.

**4. Choose the best definition for *Race*:**

- The assumption, ability, or official authority to decide what is best for others; who gets access to resources; the capacity to exercise control over others.
- Preconceived notion not based on reason or actual experience.
- A pattern or system of inequality that gives power and privilege to one group at the expense of another. Power + Prejudice = Oppression.



- d. A specious classification of human beings created by Europeans which assigns human worth and social status using "White" as the model of humanity and the height of human achievement for the purpose of establishing and maintaining power.
  - e. Power + Prejudice + Race = Racism.
- 5. Choose the best definition for *Racism*:**
- a. The assumption, ability, or official authority to decide what is best for others; who gets access to resources; the capacity to exercise control over others.
  - b. Preconceived notion not based on reason or actual experience.
  - c. A pattern or system of inequality that gives power and privilege to one group at the expense of another. Power + Prejudice = Oppression.
  - d. A specious classification of human beings created by Europeans which assigns human worth and social status using "White" as the model of humanity and the height of human achievement for the purpose of establishing and maintaining power.
  - e. Power + Prejudice + Race = Racism.
- 6. I am knowledgeable and aware about the history of racism in public health:**
- a. Strongly disagree
  - b. Disagree
  - c. Neither agree nor disagree
  - d. Agree
  - e. Strongly agree
- 7. Choose the best description for the *Systemic* level of racism:**
- a. Unearned privilege, structural barriers, societal norms, inaction.
  - b. Intentional/unintentional, acts of commission/omission, condones, and maintains barriers.
  - c. Reflects systems of privilege, reflects societal values, erodes individual sense of value, undermines collection action.
- 8. Choose the best description for the *Cultural* level of racism:**
- a. Unearned privilege, structural barriers, societal norms, inaction.
  - b. Intentional/unintentional, acts of commission/omission, condones, and maintains barriers.
  - c. Reflects systems of privilege, reflects societal values, erodes individual sense of value, undermines collection action.
- 9. Choose the best description for the *Interpersonal* level of racism:**
- a. Unearned privilege, structural barriers, societal norms, inaction.
  - b. Intentional/unintentional, acts of commission/omission, condones, and maintains barriers.
  - c. Reflects systems of privilege, reflects societal values, erodes individual sense of value, undermines collection action.





**10. What is redlining in the context of racism in the U.S.?**

- a. The discriminatory practice of denying services to customers who reside in neighborhoods or areas that are considered “hazardous” to investment. Historically neighborhoods with higher rates of racial and ethnic minorities.
- b. Driving a car above its maximum revolutions per minute (rpm).
- c. The practice of outlining neighborhoods in red ink to identify investment opportunities and risks.
- d. A practice used to determine fire districts and routes in neighborhoods.

Skills

**11. I feel comfortable talking about *race* in the classroom (faculty) and/or in the workplace setting (staff):**

- a. Strongly disagree
- b. Disagree
- c. Neither agree nor disagree
- d. Agree
- e. Strongly agree

**12. I feel comfortable talking about *racism* in the classroom (faculty) and/or in the workplace setting (staff):**

- a. Strongly disagree
- b. Disagree
- c. Neither agree nor disagree
- d. Agree
- e. Strongly agree

**13. I feel comfortable talking about *anti-racism* in the classroom (faculty) and/or in the workplace setting (staff):**

- a. Strongly disagree
- b. Disagree
- c. Neither agree nor disagree
- d. Agree
- e. Strongly agree

**14. I feel comfortable talking about *microaggressions* in the classroom (faculty) and/or in the workplace setting (staff):**

- a. Strongly disagree
- b. Disagree
- c. Neither agree nor disagree
- d. Agree
- e. Strongly agree



**15. I feel comfortable connecting with diverse students from BIPOC (Black, Indigenous, and Persons of Color) backgrounds:**

- a. Strongly disagree
- b. Disagree
- c. Neither agree nor disagree
- d. Agree
- e. Strongly agree

**16. I invite opportunity for students to create dialogue, give feedback, or teach about topics of racism and anti-racism within the context of my class:**

- a. Strongly disagree
- b. Disagree
- c. Neither agree nor disagree
- d. Agree
- e. Strongly agree

**17. (Faculty) Do you feel you have enough self-efficacy on the topic of racism and anti-racism to incorporate it into your curriculum?**

- a. Yes
- b. No
  - i. If no – what do you think you need to become more self-efficacious to discuss this topic with your students? \_\_\_\_\_

**18. (Faculty) Does your curriculum or syllabus include at least two works by BIPOC (Black, Indigenous, and Persons of Color) authors or speakers?**

- a. Yes
- b. No
- c. Not Applicable

Attitude

**19. I believe racism is a public health issue:**

- a. Strongly disagree
- b. Disagree
- c. Neither agree nor disagree
- d. Agree
- e. Strongly agree

**20. I feel uncomfortable discussing topics around race, racism, anti-racism due to the fear of not being politically correct:**

- a. Strongly disagree
- b. Disagree
- c. Neither agree nor disagree
- d. Agree
- e. Strongly agree



**21. My previous engagements in discussions around race, racism, and anti-racism have felt confrontational:**

- a. Strongly disagree
- b. Disagree
- c. Neither agree nor disagree
- d. Agree
- e. Strongly agree

**22. Tackling race, racism, and anti-racism in public health and at UW is a priority for me in my work:**

- a. Strongly disagree
- b. Disagree
- c. Neither agree nor disagree
- d. Agree
- e. Strongly agree

**23. I believe I have the skills to intervene on instances of racism (e.g., discrimination, microaggressions):**

- a. Strongly disagree
- b. Disagree
- c. Neither agree nor disagree
- d. Agree
- e. Strongly agree

**24. I believe that dismantling structural racism and agendas to promote and implement anti-racism in public health practice, education, and research are possible within the SPH community:**

- a. Strongly disagree
- b. Disagree
- c. Neither agree nor disagree
- d. Agree
- e. Strongly agree

**25. Do you feel you need more support from the School of Public Health community on this topic (anti-racism)?**

- a. Yes
- b. No
  - i. Please provide any suggestions. \_\_\_\_\_



## APPENDIX 3. POST-TRAINING SURVEY QUESTIONS – LEVEL 1A

### Introduction of survey:

Welcome to the Universal Anti-Racism Training (UART) 1A post-training survey. Please complete the survey below to the best of your ability as this information is very valuable to our team to ensure a successful training program.

### Demographics:

- 1. Unique identifier (assigned by RedCap)**
- 2. Department:**
  - a. Biostatistics
  - b. Dean’s Office
  - c. Department of Environmental and Occupational Health Sciences
  - d. Epidemiology
  - e. Global Health
  - f. Health Systems and Population Health
  - g. Interdisciplinary
- 3. Departmental Position**
  - a. Faculty
  - b. Staff
  - c. Student
- 4. Race/Ethnicity Questions (check all that apply)**
  - a. American Indian/ Alaskan Native
  - b. Asian
  - c. Black or African
  - d. Chicano/Chicana
  - e. Hispanic or Latinx
  - f. Indigenous
  - g. Middle Eastern
  - h. Multiracial
  - i. Native Hawaiian/Pacific Islander
  - j. Other
  - k. White

### Understanding Participant Reactions and Training Experience

- 1. Did the training content meet your expectations?**
  - a. Yes
  - b. No
  - c. Why or why not? \_\_\_\_\_



- 2. How would you rate the breakout group experience?**
  - a. Uncomfortable
  - b. Mildly Uncomfortable
  - c. As Expected
  - d. Comfortable
  - e. Extremely Comfortable
- 3. How would you rate the quality of the Universal Anti-Racism Training Level 1A?**
  - a. Poor
  - b. Fair
  - c. Average
  - d. Good
  - e. Excellent
- 4. The facilitators were clear and concise.**
  - a. Strongly disagree
  - b. Disagree
  - c. Neither Agree nor Disagree
  - d. Agree
  - e. Strongly Agree
- 5. The facilitator's presentation style was organized.**
  - a. Strongly disagree
  - b. Disagree
  - c. Neither Agree nor Disagree
  - d. Agree
  - e. Strongly Agree
- 6. The facilitators presented the material in an engaging manner.**
  - a. Strongly disagree
  - b. Disagree
  - c. Neither Agree nor Disagree
  - d. Agree
  - e. Strongly Agree
- 7. I found the training to be relevant to my needs and a valuable use of my time.**
  - a. Strongly disagree
  - b. Disagree
  - c. Neither Agree nor Disagree
  - d. Agree
  - e. Strongly Agree



- 8. I found the mix of presentation and participant engagement activities suitable for my learning experience.**
- a. Strongly disagree
  - b. Disagree
  - c. Neither Agree nor Disagree
  - d. Agree
  - e. Strongly Agree
- 9. I will take aspects of the training and apply them to my current position.**
- a. Strongly disagree
  - b. Disagree
  - c. Neither Agree nor Disagree
  - d. Agree
  - e. Strongly Agree
- 10. Did you learn anything new?**
- a. Yes
  - b. No
  - c. If yes, please provide some details. \_\_\_\_\_
- 11. Would you recommend this training to other public health colleagues?**
- a. Yes
  - b. No
  - c. Why or why not? \_\_\_\_\_
- 12. What did you like most about the training?**
- \_\_\_\_\_
- 13. What did you like least about the training?**
- \_\_\_\_\_
- 14. Please provide any additional suggestions that would improve future anti-racism trainings.**
- \_\_\_\_\_



## Follow-up Learning Outcome Questions

### Knowledge

**1. Choose the best definition for *Power*:**

- a. The assumption, ability, or official authority to decide what is best for others; who gets access to resources; the capacity to exercise control over others.
- b. Preconceived notion not based on reason or actual experience.
- c. A pattern or system of inequality that gives power and privilege to one group at the expense of another. Power + Prejudice = Oppression.
- d. A specious classification of human beings created by Europeans which assigns human worth and social status using "White" as the model of humanity and the height of human achievement for the purpose of establishing and maintaining power.
- e. Power + Prejudice + Race = Racism.

**2. Choose the best definition for *Prejudice*:**

- a. The assumption, ability, or official authority to decide what is best for others; who gets access to resources; the capacity to exercise control over others.
- b. Preconceived notion not based on reason or actual experience.
- c. A pattern or system of inequality that gives power and privilege to one group at the expense of another. Power + Prejudice = Oppression.
- d. A specious classification of human beings created by Europeans which assigns human worth and social status using "White" as the model of humanity and the height of human achievement for the purpose of establishing and maintaining power.
- e. Power + Prejudice + Race = Racism.

**3. Choose the best definition for *Oppression*:**

- a. The assumption, ability, or official authority to decide what is best for others; who gets access to resources; the capacity to exercise control over others.
- b. Preconceived notion not based on reason or actual experience.
- c. A pattern or system of inequality that gives power and privilege to one group at the expense of another. Power + Prejudice = Oppression.
- d. A specious classification of human beings created by Europeans which assigns human worth and social status using "White" as the model of humanity and the height of human achievement for the purpose of establishing and maintaining power.
- e. Power + Prejudice + Race = Racism.

**4. Choose the best definition for *Race*:**

- a. The assumption, ability, or official authority to decide what is best for others; who gets access to resources; the capacity to exercise control over others.
- b. Preconceived notion not based on reason or actual experience.
- c. A pattern or system of inequality that gives power and privilege to one group at the expense of another. Power + Prejudice = Oppression.



- d. A specious classification of human beings created by Europeans which assigns human worth and social status using "White" as the model of humanity and the height of human achievement for the purpose of establishing and maintaining power.
  - e. Power + Prejudice + Race = Racism.
- 5. Choose the best definition for *Racism*:**
- a. The assumption, ability, or official authority to decide what is best for others; who gets access to resources; the capacity to exercise control over others.
  - b. Preconceived notion not based on reason or actual experience.
  - c. A pattern or system of inequality that gives power and privilege to one group at the expense of another. Power + Prejudice = Oppression.
  - d. A specious classification of human beings created by Europeans which assigns human worth and social status using "White" as the model of humanity and the height of human achievement for the purpose of establishing and maintaining power.
  - e. Power + Prejudice + Race = Racism.
- 6. I am knowledgeable and aware about the history of racism in public health:**
- a. Strongly disagree
  - b. Disagree
  - c. Neither agree nor disagree
  - d. Agree
  - e. Strongly agree
- 7. Choose the best description for the *Systemic* level of racism:**
- a. Unearned privilege, structural barriers, societal norms, inaction.
  - b. Intentional/unintentional, acts of commission/omission, condones, and maintains barriers.
  - c. Reflects systems of privilege, reflects societal values, erodes individual sense of value, undermines collection action.
- 8. Choose the best description for the *Cultural* level of racism:**
- a. Unearned privilege, structural barriers, societal norms, inaction.
  - b. Intentional/unintentional, acts of commission/omission, condones, and maintains barriers.
  - c. Reflects systems of privilege, reflects societal values, erodes individual sense of value, undermines collection action.
- 9. Choose the best description for the *Interpersonal* level of racism:**
- a. Unearned privilege, structural barriers, societal norms, inaction.
  - b. Intentional/unintentional, acts of commission/omission, condones, and maintains barriers.
  - c. Reflects systems of privilege, reflects societal values, erodes individual sense of value, undermines collection action.





**10. What is redlining in the context of racism in the U.S.?**

- a. The discriminatory practice of denying services to customers who reside in neighborhoods or areas that are considered “hazardous” to investment. Historically neighborhoods with higher rates of racial and ethnic minorities.
- b. Driving a car above its maximum revolutions per minute (rpm).
- c. The practice of outlining neighborhoods in red ink to identify investment opportunities and risks.
- d. A practice used to determine fire districts and routes in neighborhoods.

**11. Please provide any other feedback you would like us to know about your UART 1A training experience.**

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## APPENDIX 4. POST-TRAINING SURVEY QUESTIONS – LEVEL 1B

### Introduction of survey:

Welcome to the Universal Anti-Racism Training (UART) 1B post-training survey. Please complete the survey below to the best of your ability as this information is very valuable to our team to ensure a successful training program.

### Demographics:

- 1. Unique identifier (assigned by RedCap)**
- 2. Department:**
  - a. Biostatistics
  - b. Dean's Office
  - c. Department of Environmental and Occupational Health Sciences
  - d. Epidemiology
  - e. Global Health
  - f. Health Systems and Population Health
  - g. Interdisciplinary
- 3. Departmental Position**
  - a. Faculty
  - b. Staff
  - c. Student
- 4. Race/Ethnicity Questions (check all that apply)**
  - a. American Indian/ Alaskan Native
  - b. Asian
  - c. Black or African
  - d. Chicano/Chicana
  - e. Hispanic or Latinx
  - f. Indigenous
  - g. Middle Eastern
  - h. Multiracial
  - i. Native Hawaiian/Pacific Islander
  - j. Other
  - k. White

### Reaction

- 1. Did the Level 1B training content meet your expectations?**
  - a. Yes
  - b. No
  - c. Why or why not? \_\_\_\_\_



2. **How would you rate the quality of the Universal Anti-Racism Training Level1B?**
  - a. Poor
  - b. Fair
  - c. Average
  - d. Good
  - e. Excellent
3. **The facilitators were clear and concise.**
  - a. Strongly disagree
  - b. Disagree
  - c. Neither Agree nor Disagree
  - d. Agree
  - e. Strongly Agree
4. **The facilitator's presentation style was organized.**
  - a. Strongly disagree
  - b. Disagree
  - c. Neither Agree nor Disagree
  - d. Agree
  - e. Strongly Agree
5. **The facilitators presented the material in an engaging manner.**
  - a. Strongly disagree
  - b. Disagree
  - c. Neither Agree nor Disagree
  - d. Agree
  - e. Strongly Agree
6. **Did the facilitator provide relevant examples during the training?**
  - a. Yes
  - b. No
  - c. Don't Know \_\_\_\_\_
7. **I found the Level 1B training interactive.**
  - a. Strongly disagree
  - b. Disagree
  - c. Neither Agree nor Disagree
  - d. Agree
  - e. Strongly Agree

#### Learning Outcomes

8. **I found the Level 1B training to be an applicable way to learn skills and tools to address structural racism, discrimination, and/or microaggressions.**
  - a. Strongly disagree
  - b. Disagree
  - c. Neither Agree nor Disagree



- d. Agree
  - e. Strongly Agree
- 9. Did you learn anything new?**
- a. Yes
  - b. No
- 10. The Level 1B training provided me with at least:**
- a. 1-2 new skills or tools
  - b. 2-3 new skills or tools
  - c. 3-4 new skills or tools
  - d. 4-5 new skills or tools
  - e. >5 new skills or tools
- 11. Please describe skill(s) or tool(s) that stuck with you most**
- \_\_\_\_\_

Skills

- 12. I feel comfortable talking about race in the classroom (faculty) and/or in the workplace setting (staff):**
- a. Strongly disagree
  - b. Disagree
  - c. Neither agree nor disagree
  - d. Agree
  - e. Strongly agree
- 13. I feel comfortable talking about *racism* in the classroom (faculty) and/or in the workplace setting (staff):**
- a. Strongly disagree
  - b. Disagree
  - c. Neither agree nor disagree
  - d. Agree
  - e. Strongly agree
- 14. I feel comfortable talking about *anti-racism* in the classroom (faculty) and/or in the workplace setting (staff):**
- a. Strongly disagree
  - b. Disagree
  - c. Neither agree nor disagree
  - d. Agree
  - e. Strongly agree
- 15. I feel comfortable talking about *microaggressions* in the classroom (faculty) and/or in the workplace setting (staff):**
- a. Strongly disagree
  - b. Disagree
  - c. Neither agree nor disagree



- d. Agree
  - e. Strongly agree
- 16. I feel comfortable connecting with diverse students from BIPOC (Black, Indigenous, and Persons of Color) backgrounds:**
- a. Strongly disagree
  - b. Disagree
  - c. Neither agree nor disagree
  - d. Agree
  - e. Strongly agree
- 17. I invite opportunity for students to create dialogue, give feedback, or teach about topics of racism and anti-racism within the context of my class:**
- a. Strongly disagree
  - b. Disagree
  - c. Neither agree nor disagree
  - d. Agree
  - e. Strongly agree
- 18. (Faculty) Do you feel you have enough self-efficacy on the topic of racism and anti-racism to incorporate it into your curriculum?**
- a. Yes
  - b. No
  - c. If no – what do you think you need to become more self-efficacious to discuss this topic with your students?
- 19. (Faculty) Does your curriculum or syllabus include at least two works by BIPOC (Black, Indigenous, and Persons of Color) authors or speakers?**
- a. Yes
  - b. No
  - c. Not Applicable

#### Attitude

- 20. I believe racism is a public health issue:**
- a. Strongly disagree
  - b. Disagree
  - c. Neither agree nor disagree
  - d. Agree
  - e. Strongly agree
- 21. I feel uncomfortable discussing topics around race, racism, anti-racism due to the fear of not being politically correct:**
- a. Strongly disagree
  - b. Disagree
  - c. Neither agree nor disagree
  - d. Agree
  - e. Strongly agree



**22. My previous engagements in discussions around race, racism, and anti-racism have felt confrontational:**

- a. Strongly disagree
- b. Disagree
- c. Neither agree nor disagree
- d. Agree
- e. Strongly agree

**23. Tackling race, racism, and anti-racism in public health and at UW is a priority for me in my work:**

- a. Strongly disagree
- b. Disagree
- c. Neither agree nor disagree
- d. Agree
- e. Strongly agree

**24. I believe I have the skills to intervene on instances of racism (e.g., discrimination, microaggressions):**

- a. Strongly disagree
- b. Disagree
- c. Neither agree nor disagree
- d. Agree
- e. Strongly agree

**25. I believe that dismantling structural racism and agendas to promote and implement anti-racism in public health practice, education, and research are possible within the SPH community:**

- a. Strongly disagree
- b. Disagree
- c. Neither agree nor disagree
- d. Agree
- e. Strongly agree

**26. Do you feel you need more support from the School of Public Health community on this topic (anti-racism)?**

- a. Yes
- b. No
- c. Please provide any suggestions. \_\_\_\_\_

Behavior

**27. Have you been able to apply aspects of the Level 1A training to your personal or professional life?**

- a. Yes
- b. No



**28. I will take aspects of the Level 1B training and apply them to my current position.**

- a. Strongly disagree
- b. Disagree
- c. Neither Agree nor Disagree
- d. Agree
- e. Strongly Agree

**29. Would you recommend this training to other public health colleagues?**

- a. Yes
- b. No

**30. Please provide any additional feedback you would like us to know about your UART 1B training experience.**

\_\_\_\_\_