



Health Equity in Research, Evaluation, and Other Data-gathering Activities: Phase 2

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ABOUT OUR IRB

- Our Institutional Review Board (IRB) serves as the IRB of record for the Los Angeles County Department of Public Health (DPH), the Department of Health Services (DHS) Health Services Administration, Ambulatory Care Network and Integrative Correctional Services, and select community-based organizations.
- We review all projects involving human subjects, including needs assessments, evaluations, "expanded" surveillance and some quality improvement projects, in addition to traditional research.
- Although funding requirements and other factors may limit a project's ability to address health equity, we evaluate projects based on whether they are designed with health equity in mind.
- Community engagement throughout the research process, or at least dissemination of findings to the community of interest, is also expected of our projects.

BACKGROUND

- Although advancing health equity is increasingly emphasized as a central goal of public health practice, the role that entities such as IRBs play in advancing health equity is not clearly defined.¹⁻⁶ A growing body of literature suggests that the value of IRBs in promoting health equity has been underrecognized, and their authority underutilized.⁷⁻¹⁰
- In the United States and globally, participant enrollment in research has not reflected the demographic composition of the general population. Those affected by the health conditions being studied, or those for whom the investigational product is intended, such as, racial and ethnic minorities, the young and the elderly, persons with disabilities, and the LGBTQ2S+ community, are consistently underrepresented.⁹
- Lack of community engagement, study sampling and recruitment inequities, lack of language and cultural equity in study materials, and cost considerations pose significant barriers to research participation for underrepresented communities.¹¹⁻¹⁴
- Addressing health equity in research can impact the soundness of research and related activities, and ultimately the health outcomes that may result from the application of research findings in the real world.¹⁵
- To investigate how the IRB can better support the integration of health equity principles in research, we implemented a Health Equity Initiative (HEI) consisting of two phases. Key informants interviewed during Phase 1 highlighted the need for 1) all aspects of research to adhere to principles of health equity, and 2) more funding for and guidance on addressing and measuring health equity. Findings from Phase 1 helped inform the current Phase 2: the Annual Health Equity Survey.

OBJECTIVES

- To gain a better understanding of health equity in the Los Angeles County research landscape through a DPH IRB Health Equity Initiative (HEI)
- To develop data-driven DPH IRB health equity guidelines and policies that:
 - Guide researchers on how to incorporate health equity components into their research and other data-gathering activities
 - Integrate health equity considerations into the DPH IRB's review and approval process
 - Establish metrics for assessing and tracking health equity practices in research projects.

METHODS

IRB approval was obtained for all data collection and analyses activities.

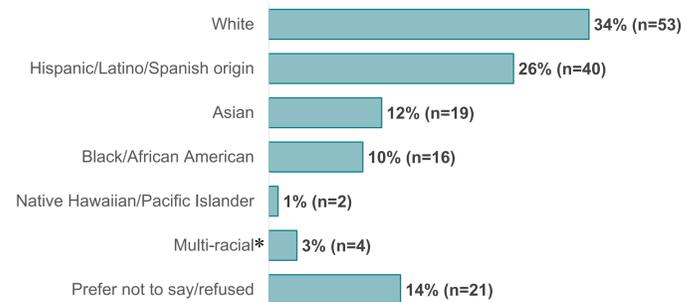
Phase 2: Annual Health Equity Survey (Baseline)

- Recruitment:** The HEI team conducted an extensive web search to identify prospective survey respondents. Referrals from key informants, and other professional contacts were included in the survey sample. A student intern completed verification phone calls to confirm email addresses.
- Eligibility Criteria:** 18+ years of age, English-speaking, and currently/previously involved in the conduct of health research or other data-gathering activities such as evaluation and needs assessment in Los Angeles County. A previous submission of an application for review with DPH IRB was not a requirement for participation.
- Survey Instrument:** 18 questions based on themes identified in Phase 1. Questions addressed organizational support for health equity in research, types of resources provided in support of health equity, types of metrics/indicators and community engagement strategies utilized in current/prior research, desired training topics, and demographics including race/ethnicity, sexual orientation, and gender identity. **No PHI or identifying information were collected in the survey.**
- Administration:** The survey was generated in Survey Monkey. An initial recruitment email with the survey link was sent out to the survey sample of **632** contacts on Monday, November 7, 2022. The survey remained open until Friday, November 14, 2022, and three reminder emails were sent throughout the period. Incentives were not provided due to lack of funds and time restrictions.

RESULTS

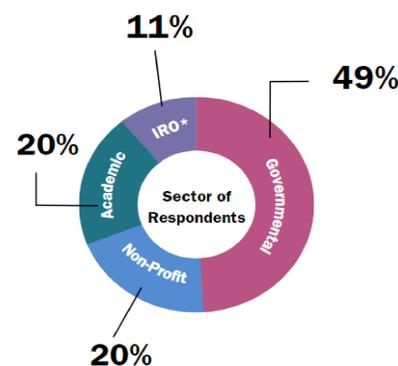
155 surveys were collected in total

Figure 1: Race/Ethnicity of Survey Respondents (n=155)



* Respondents identifying as American Indian/Alaska Native (n=2) also selected at least one other racial/ethnicity category and were included in the multi-racial category.

Figure 2: Sectors Represented Among Survey Respondents (n=153)**



*Independent Research Organization
**Excludes two respondents who reported they are retired.

RESULTS

Health Equity Survey

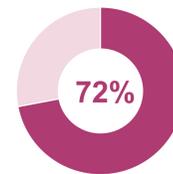


Figure 3: Respondents who report their organization "Definitely" values health equity.



Figure 5: Respondents who report their organization has written guidelines/policies for addressing health equity in research.

Figure 4: Respondents who report their organization "Definitely" values health equity (by sector):

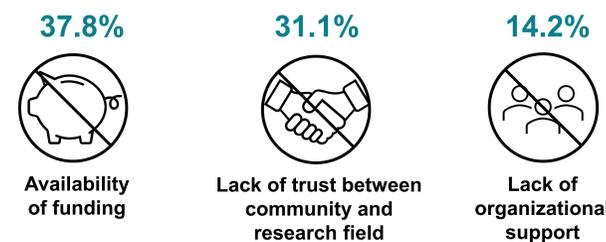
Academic	83%
IRO*	82%
Non-Profit	81%
Governmental	62%

*Independent Research Organization

Figure 6: Compared to all other sectors, respondents from non-profit organizations were more likely to report:

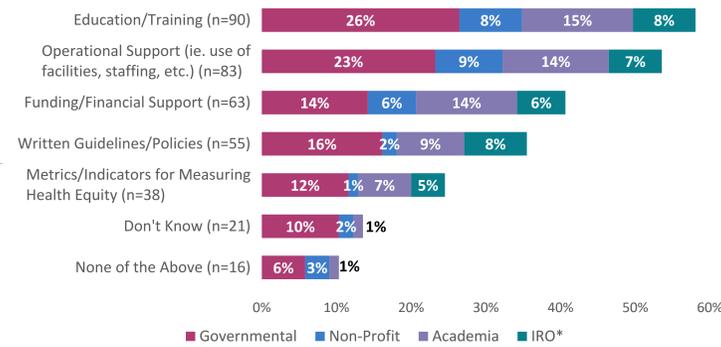
- Establishing Advisory Boards
- Convening Townhalls
- Disseminating findings through TV, Radio and Newspaper outlets

Figure 7: Top 3 Reported Barriers to Addressing Health Equity in Research (n=148) +



+ Respondents were asked to rank a pre-selected list of 5 barriers in order of importance; the list of barriers is based on feedback from key informants. We are reporting the top 3 barriers ranked as number one (1). Seven (7) respondents out of the total 155 respondents skipped this question.

Figure 8: Resources Provided by Organizations for Addressing Health Equity in Research According to Survey Respondents (by sector)[n=155]†



† Respondents were able to select multiple responses for this question.
*Independent Research Organization

Figure 9: Suggested Actions the IRB Can Take to Support Efforts Aimed at Addressing Health Equity (n=150)†

- 81% Providing written guidelines/policies
- 81% Education/training
- 69% Guidance on metrics/indicators

† Respondents were able to select multiple responses for this question. Five (5) out of the total 155 respondents skipped this question.

CONCLUSIONS

- All elements of the research process should adhere to principles of health equity to produce the types of generalizable findings that can better inform action at all levels.
- While a lack of funding in health equity research continues to pose a significant barrier, other barriers such as a lack of trust between community members and researchers, and a lack of support from organizations, must also be addressed.
- Findings from the survey data suggest that the IRB can play a role in promoting health equity by offering health equity training in addition to written guidelines for incorporating principles of health equity in research, e.g., a checklist of health equity considerations to hold researchers accountable for ensuring that they have successfully incorporated those principles in their projects. Offering such guidance is in alignment with the DPH IRB's priority to ensure that research and other data-gathering activities are undertaken with a health equity lens in mind.

LIMITATIONS

The survey sample is a convenience sample and is not representative of all researchers in LA County. This method of sampling limits the generalizability of the findings and may contribute to a bias towards experiences in LA County. This selection of methodology was relevant to our research because DPH IRB works primarily with the LA County population and used purposive sampling of contacts. In addition, with a response rate of 25%, our project may include nonresponse bias.

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