

HEALTH EQUITY INITIATIVE YEAR 1 SURVEY REPORT

OVERVIEW

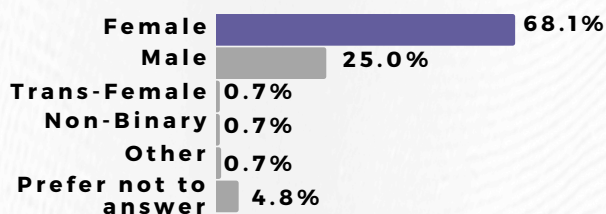
In Year 1 of the IRB Health Equity Initiative, the Los Angeles County Department of Public Health, Office of the Institutional Review Board (IRB) surveyed a sample of health researchers with experience working in Los Angeles County to find out how the IRB can better support research, evaluation and other data-gathering activities in addressing health equity. This report summarizes the results of the survey.

AT A GLANCE

- Administered in 2022
- 18 questions
- 153 respondents
- 24.5% response rate

DEMOGRAPHICS

Gender Identity (n=144)*



*Response options also included "trans male/trans man" but option was not selected by respondents. Only 144 of total 153 respondents answered this question.

Education (n=152)

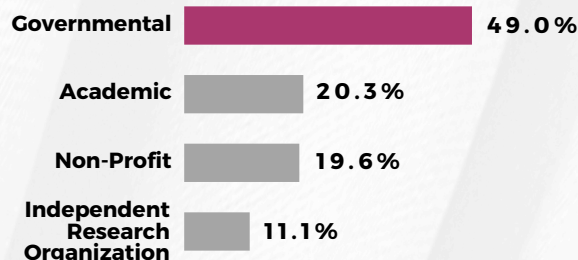
Graduate Level Degree	87.5%
Bachelor's Degree	9.2%
Associate's Degree	3.0%
Some College Courses	0.7%
High School Graduate	0.7%

Primary Role (n=153)

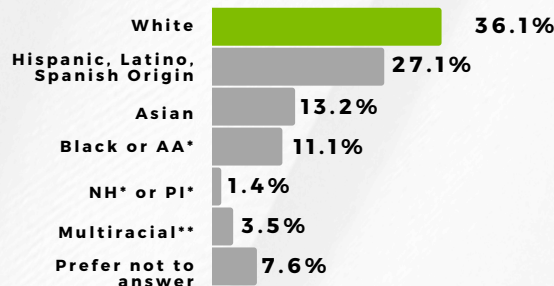
Epidemiologist/Researcher	24.2%
Organization Director*	23.5%
Professor*	15.0%
Clinician*	10.5%
Supervisors and Administrators	10.3%
Administrators	4.6%
Director of Research	3.9%
Community Health Worker	3.9%
Evaluator	0.7%
Behavioral Health Clinician*	0.7%
Student*	2.6%
Other	

*Organization director includes executive directors; Professor category includes full-time, assistant, associate or adjunct professors; Clinician includes physicians, PA/NP, pharmacists; Behavioral Health Clinician includes psychologists, psychiatrists, or social workers; student category includes interns.

Affiliation (n=153)



Race/Ethnicity (n=144)



Notes:

*AA=African American, NH=Native Hawaiian, PI=Pacific Islander

**Per CSO-002 SOP, respondents who chose 2 or more race/ethnicity categories, with the exception of those who chose Hispanic, Latino, Spanish Origin, were categorized as multiracial. American Indian or Alaska Native category omitted as no participants selected this response. Only 144 of total 153 respondents answered this question.

83.6%
(127)

of respondents currently **engage in research activities** for or on behalf of their organization (n=152)

66.7%
(100)

of respondents' organizations has a **dedicated research division** or team (n=150)

72.4%
(110)

of respondents believe their organization **definitely values health equity** (n=152)

YEAR 1 SURVEY REPORT

BARRIERS TO ACHIEVING EQUITY IN RESEARCH

“We need more *support* for researchers and more *infrastructure* to support research with a *focus on equity*. That includes *funding and training*. Also, there should be an *emphasis on new researchers too*.”

- Respondent

“The very *premise and framework* by which we define and conduct research is a *significant barrier*. Our *rules, our protocols and procedures, who conducts research and shares results of research* are *all barriers* to achieving *true equity in research*.”

- Respondent

*Open-ended question that asked participants to list any other barriers to achieving equity in research they felt were important.

Ranked as #1 barrier to equity in research (n=141)*:



* Respondents were asked to rank the five barriers listed from most important (1) to least important (5). This graph shows the number of respondents that ranked the respective category as the most important (1) barrier to achieving equity in research.

COMMUNITY ENGAGEMENT

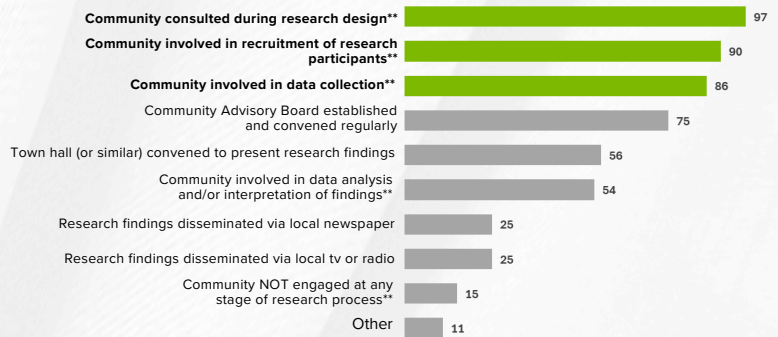
“I think researchers often don't place enough value in *true community engagement*; don't always understand why it's important; don't see community members as experts despite being *experts on their own communities*.”

- Respondent

“This research requires additional time and investment for *partnership building and engagement*, and so ... institutions that support this research [need] to provide **additional* and dedicated support/resources* that are required for this type of work.”

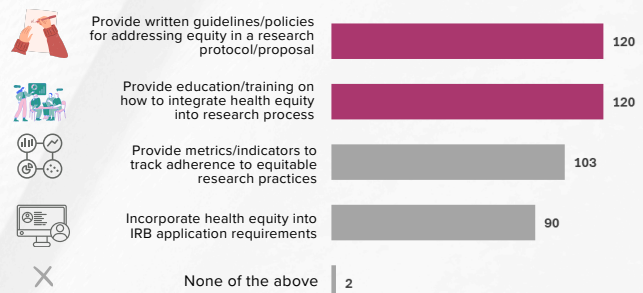
- Respondent

Methods of community engagement used by respondents in their research (n=153)*



* Category count sum is greater than sample size as respondents were able to select multiple categories.
** Community includes community members and/or organizations

Actions the IRB can take to help ensure research is conducted more equitably (n=153) *



* Category count sum is greater than sample size as respondents were able to select multiple categories.

YEAR 1 SURVEY REPORT

CHALLENGES RESPONDENTS FACED WHEN TRYING TO MEASURE/ASSESS HEALTH EQUITY:

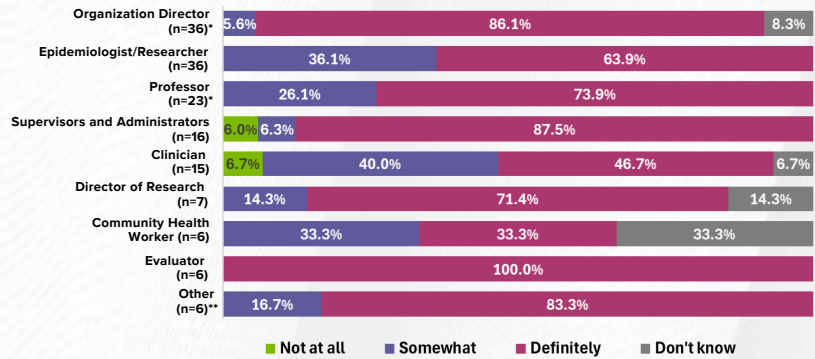
“Some participants are reluctant to share personal information and data that help ... measure health equity issues (e.g., opt out of questions about income, immigration status, race and ethnicity, gender identity) and so there are often issues with missing data.”

-Respondent

“The lack of a state of the art measuring tool that is used locally across different entities.”

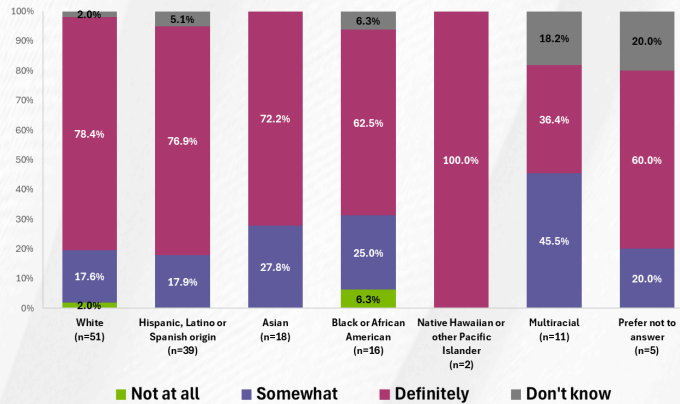
-Respondent

How Much Health Equity is Valued at Organization, by Respondent’s Role (n=152)



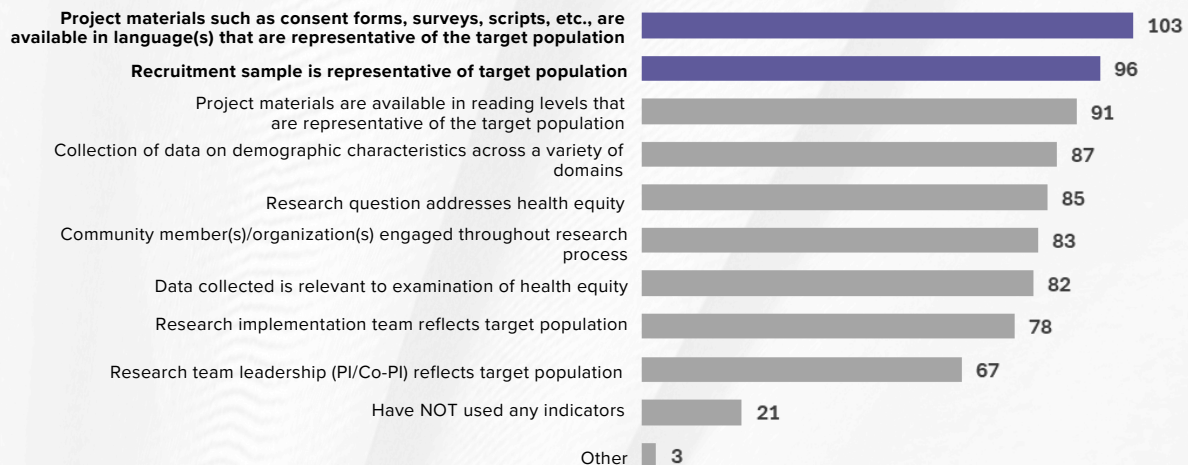
*Organization director includes executive directors; Professor category includes full-time, assistant, associate or adjunct professors; Clinician includes physicians, PA/NP, pharmacists.
 **Behavioral Health Clinician and Student categories were aggregated with Other category since there was only one respondent for each category.

How Much Health Equity is Valued at Organization, by Respondent’s Race/Ethnicity (n=142)*



*American Indian or Alaska Native category omitted as no participants selected this response

Indicators used by respondents to assess the extent to which a research project addresses health equity (n=153)*

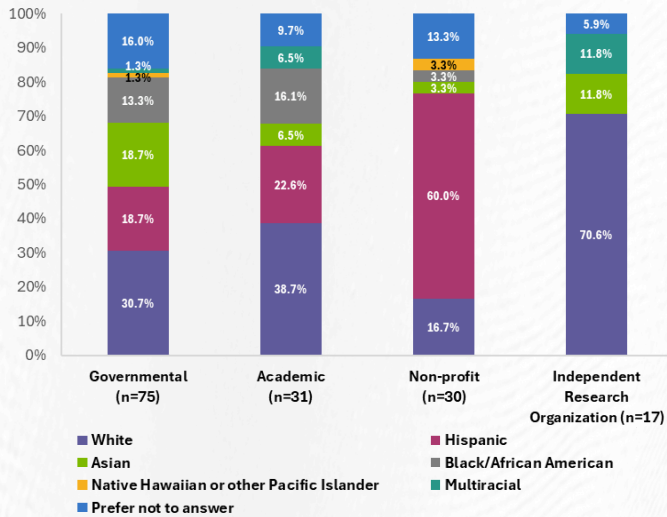


* Category count sum is greater than sample size as respondents were able to select multiple categories.

YEAR 1 SURVEY CONTINUED

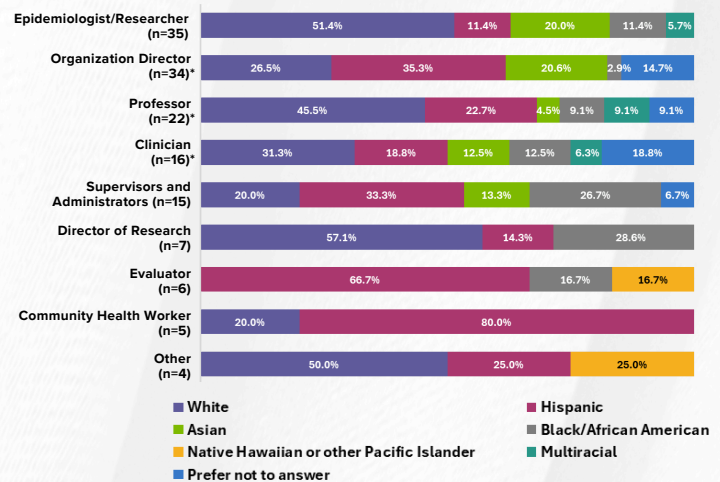
OTHER FINDINGS

Organizational Sector, by Respondent's Race/Ethnicity (n=153)*



*American Indian or Alaska Native category omitted as no participants selected this response

Organizational Role, by Respondent's Race/Ethnicity (n=144)



*Organization director includes executive directors; Professor category includes full-time, assistant, associate or adjunct professors; Clinician includes physicians, PA/NP, pharmacists.

ON HEALTH EQUITY



This is still a **novel concept**. I have found that there is not a deep understanding of health equity in the research community, because **inclusivity in research has never been stressed**, nor has the up-front time been taken to make the research topic accessible to inclusive participation. Furthermore, the time needed to do this is frequently **NOT** funded.”

-Respondent

“There's a **difference in interest and actually implementing changes**, and the latter requires a **cultural shift in addition to a clear strategy**. It feels like the strategy is beginning to take shape but isn't quite there yet, especially in regards to how to track progress and hold people accountable.

-Respondent



Suggested Citation: Camarena, P., Robles, C., Nicholas, W., Senterfitt, W., Kwon, A. (2024). *Health Equity Initiative Year 1 Survey Report*. Los Angeles County Department of Public Health, Office of the Institutional Review Board.

For questions or comments, please contact us at irb@lacounty.gov

For more information on our Health Equity Initiative, please visit our page on our website at <http://publichealth.lacounty.gov/irb/HealthEquity.htm>