

# HEALTH EQUITY INITIATIVE YEAR 2 SURVEY REPORT

## OVERVIEW

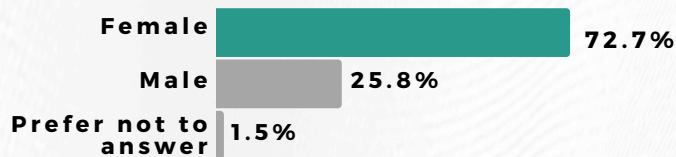
In Year 2 of the IRB Health Equity Initiative, the Los Angeles County Department of Public Health, Office of the Institutional Review Board (IRB) surveyed a sample of health researchers with experience working in Los Angeles County to find out how the IRB can better support research, evaluation and other data-gathering activities in addressing health equity. This report summarizes the results of the survey.

## ABOUT THE SURVEY

- Administered in 2023
- 18 QUESTIONS
- 66 RESPONDENTS
- 18.2% RESPONSE RATE

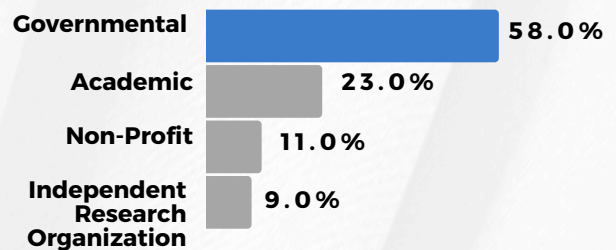
## DEMOGRAPHICS

### Gender Identity (n=66)\*



\*Response options also included "trans male/trans man", "trans female/trans woman", "gender non-binary, gender non-conforming", and "other" but none were selected by respondents. A sex at birth question was also asked, responses remained the same across both questions.

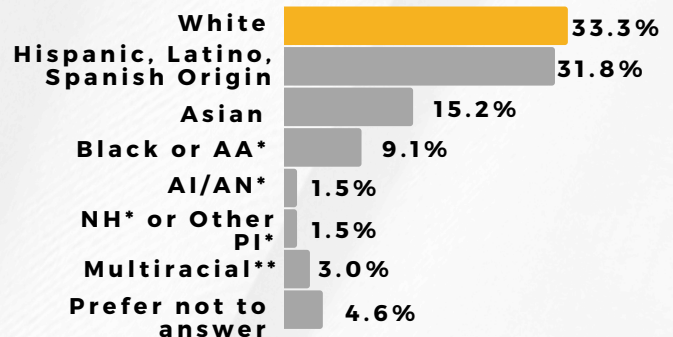
### Affiliation (n=66)



### Education (n=66)

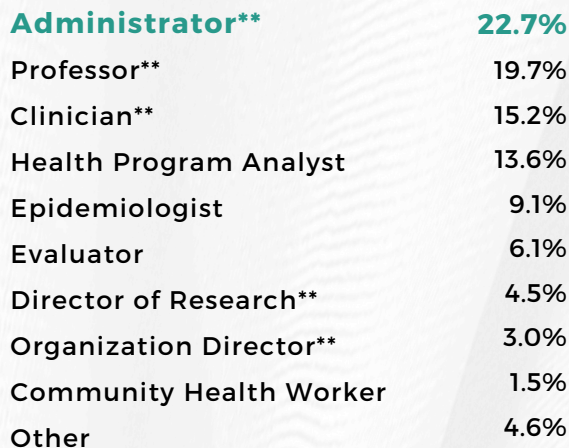


### Race/Ethnicity (n=66)



Notes:  
\*AA=African American, AI/AN=American Indian or Alaska Native, 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.

### Primary Role (n=66)\*



\*Distribution for year 2 results do not reflect similar categories to year 1 results.  
\*\*Administrator includes Division/Unit chief, Program Director or Coordinator, or other supervisory role; Professor includes full-time, assistant, associate or adjunct professors; Clinicians includes physician, PA/NP, and pharmacist; Director of Research includes an individual who oversees all research carried out by organization; Organization director includes executive directors/CEO.

**82.8%**  
(53)

of respondents currently **engage in research activities** for or on behalf of their organization (n=64)

**70.8%**  
(46)

of respondents' organizations has a **dedicated research division** or team (n=65)

**78.8%**  
(52)

of respondents believe their organization **definitely** values health equity (n=66)

# YEAR 2 SURVEY REPORT

## BARRIERS TO ACHIEVING EQUITY IN RESEARCH

**Ranked as #1 barrier** to achieving equity in research (n=64)\*:



\* 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.

**Other barriers** to achieving equity in research respondents felt were important (n=32)\*



\*Open-ended question; two analysts independently categorized the responses. Adjudication was conducted with a third analyst. Only the top 6 categories identified are shown here.

## COMMUNITY

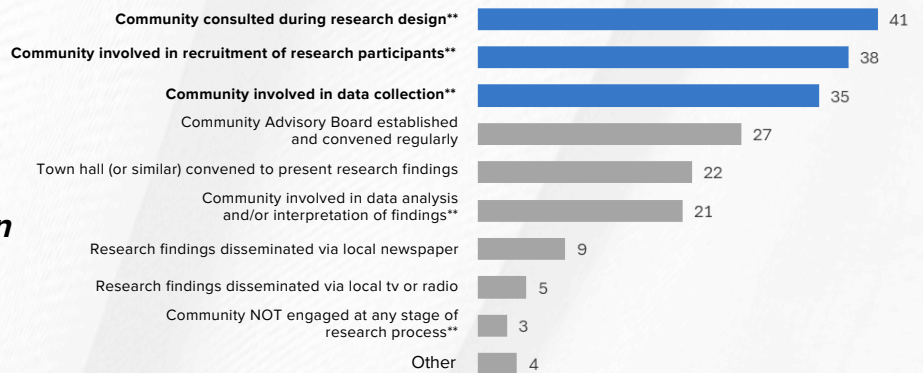
**"Transparency with the community is so important ...."**

- Respondent

**"Community education to gain an understanding of health equity needs to be more widespread."**

- Respondent

**Methods of community engagement used** by respondents in their research (n=66)\*



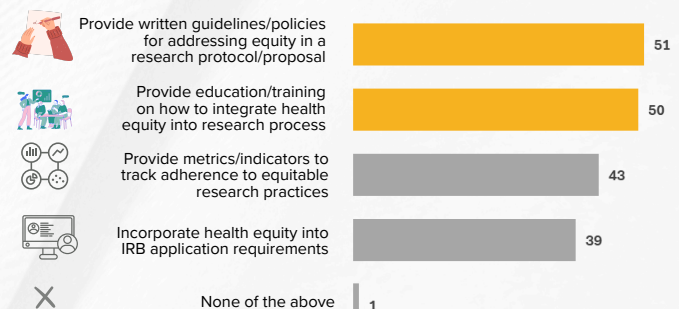
\* Category count sum is greater than sample size as respondents were able to select multiple categories.  
\*\* Community includes community members and/or organizations

## WHAT'S THE IRB'S ROLE?

**"...IRB should offer consultations, education, and training on how to incorporate health equity principles into research projects."**

- Respondent

**Actions the IRB can take** to help ensure research is conducted more equitably (n=66)\*



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

# YEAR 2 SURVEY REPORT

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

*"Standardized measures are often NOT sensitive to language and literacy variations. Funders want standardized outcome measures, but it is difficult to negotiate some flexibility in the administration of survey/interview methods."*

- Respondent

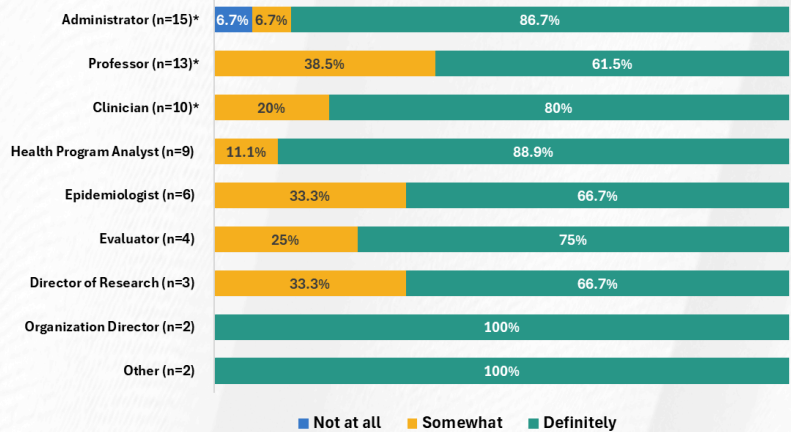
*"Ensuring that the questionnaires/assessment tools are culturally sensitive to the community being assessed."*

- Respondent

*"Finding quantifiable metrics to properly assess health equity."*

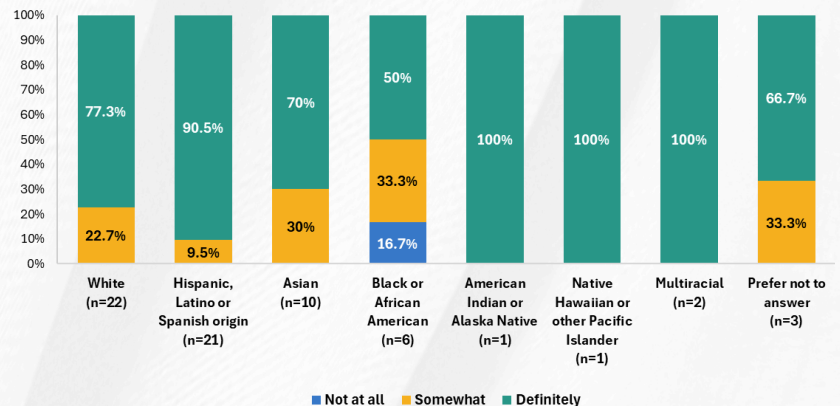
- Respondent

How Much Health Equity is Valued at Organization, by Respondent's Role (n=66)

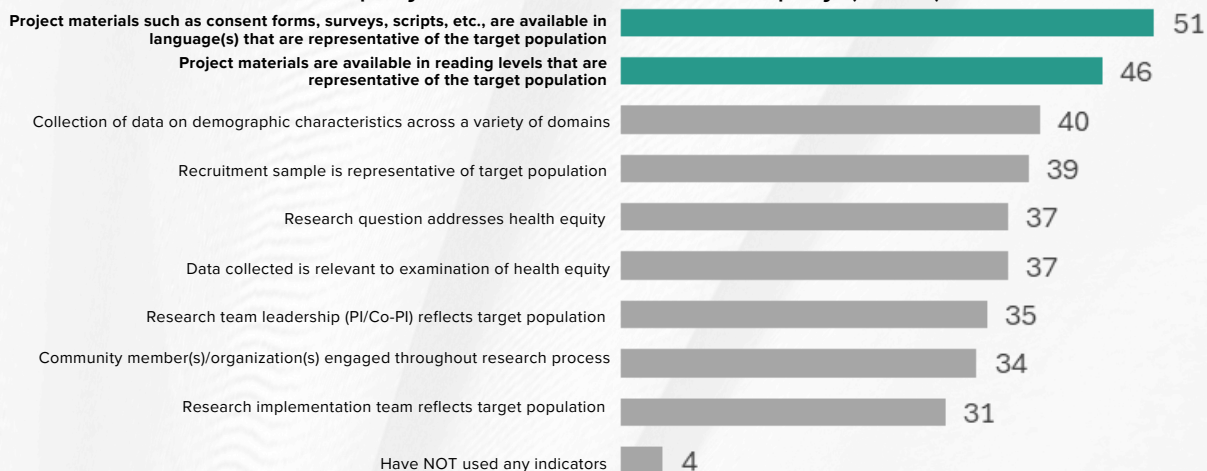


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How Much Health Equity is Valued at Organization, by Respondent's Race/Ethnicity (n=66)



## Indicators used by respondents to assess the extent to which a research project addresses health equity (n=66)\*



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

# YEAR 2 SURVEY REPORT

## OTHER FINDINGS

“ *Health equity is not just about health practices and policies but very much about social policies - the lack of intersectoral coordination in local, state, and fed governments and poor access to data containing social indicators are impediments to actionable research* ”

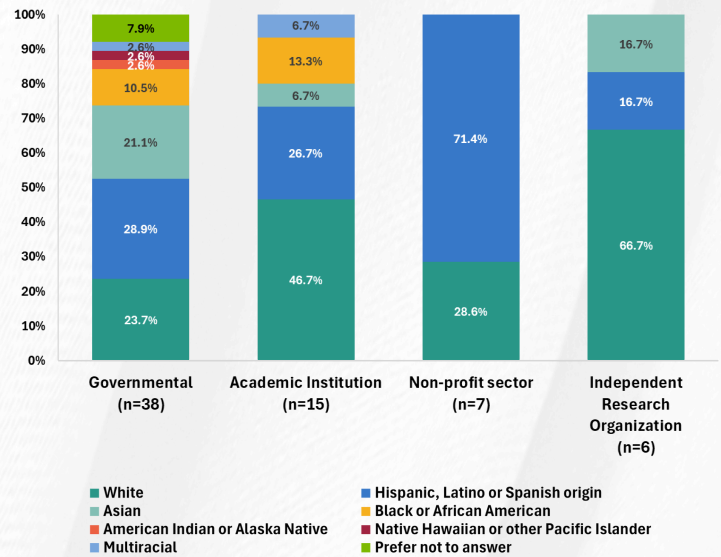
- Respondent

**Suggested Citation:** Robles, C., Camarena, P., Nicholas, W., Senterfitt, W., Kwon, A. (2024). *Health Equity Initiative Year 2 Survey Report*. Los Angeles County Department of Public Health, Office of the Institutional Review Board.

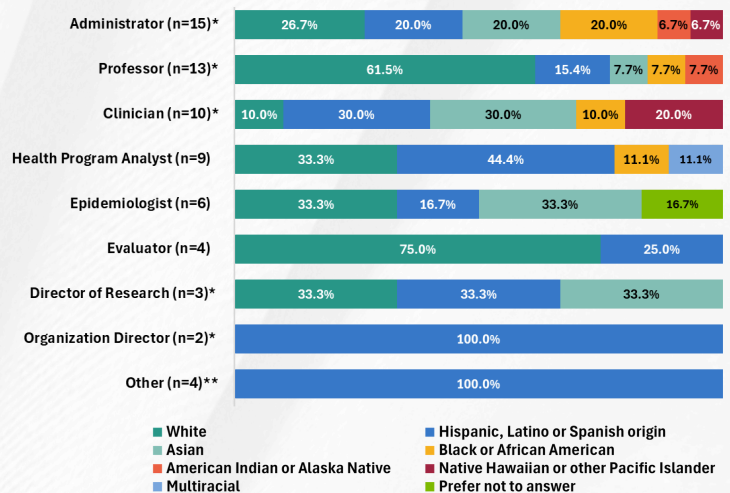
For questions or comments, please contact us at [irb@lacounty.gov](mailto:irb@lacounty.gov)

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

**Organizational Sector, by Respondent's Race/Ethnicity (n=66)**



**Organizational Role, by Respondent's Race/Ethnicity, (n=66)**



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 \*\*Community health worker (CHE) category was aggregated with Other category as there was only one CHE respondent