

Health Equity Report

healthTIDE Network Survey

"Health equity means that everyone has a fair and just opportunity to be healthier" - RWJF

healthTIDE believes that fair and just opportunities are achieved through (1) systematically assessing disparities in opportunities and (2) by addressing these disparities through meaningful inclusion and representation of affected communities and individuals, targeted actions, and changes in institutional structures and systems to remove barriers and increase pathways to success.

Demographic Questions

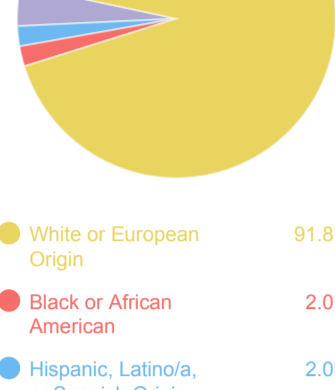
Respondents were asked to answer the familiar range of identifying information on the network survey.

Racial/Ethnic Identity

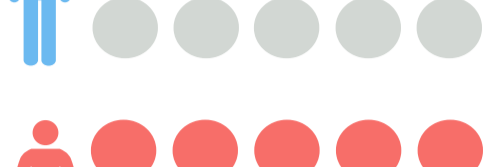
White Out

What might this mean about those who take the network survey? What might it mean for leadership council representation?

- One respondent identified as Hispanic and white
- One respondent identified as Hispanic, Middle Eastern or North African, and white



17%



83%



GENDER

It's in the data

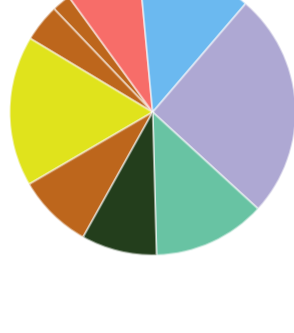
Of those who responded, females dominate the composition of network.

Age

Wide Range

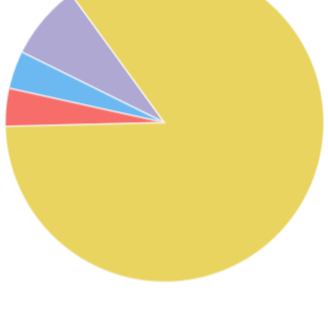
There's a wide range of ages of those who take the network survey.

- Age ranges from 18-65
- Mean age is 35-39
- Median age is 30-34



Younger than 18	0.0%
18-24	8.5%
25-29	12.8%
30-34	25.5%
35-39	12.8%
40-44	8.5%
45-49	8.5%
50-54	17.0%
55-59	4.3%
60-64	2.1%

Heterosexual	84.6%
Gay	3.8%
Bisexual	3.8%
Prefer Not to Answer	7.7%



Sexual Orientation

Primarily Heterosexual

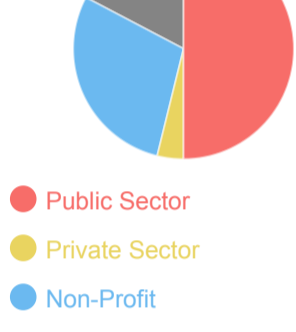
The runner up is prefer not to answer.

- Two respondents identified as gay
- Two respondents identified as bisexual
- Preferring not to answer demographic questions in general, and preferring not to identify one's sexual orientation, is common.

Sector

Civil servants

Given the type of work that respondents reported they do (e.g., public health promotion), it's unsurprising that many work for the government and in non-profits.



Public Sector	26
Private Sector	2
Non-Profit	15
School or University	9

Public Sector

A majority of respondents work in government.

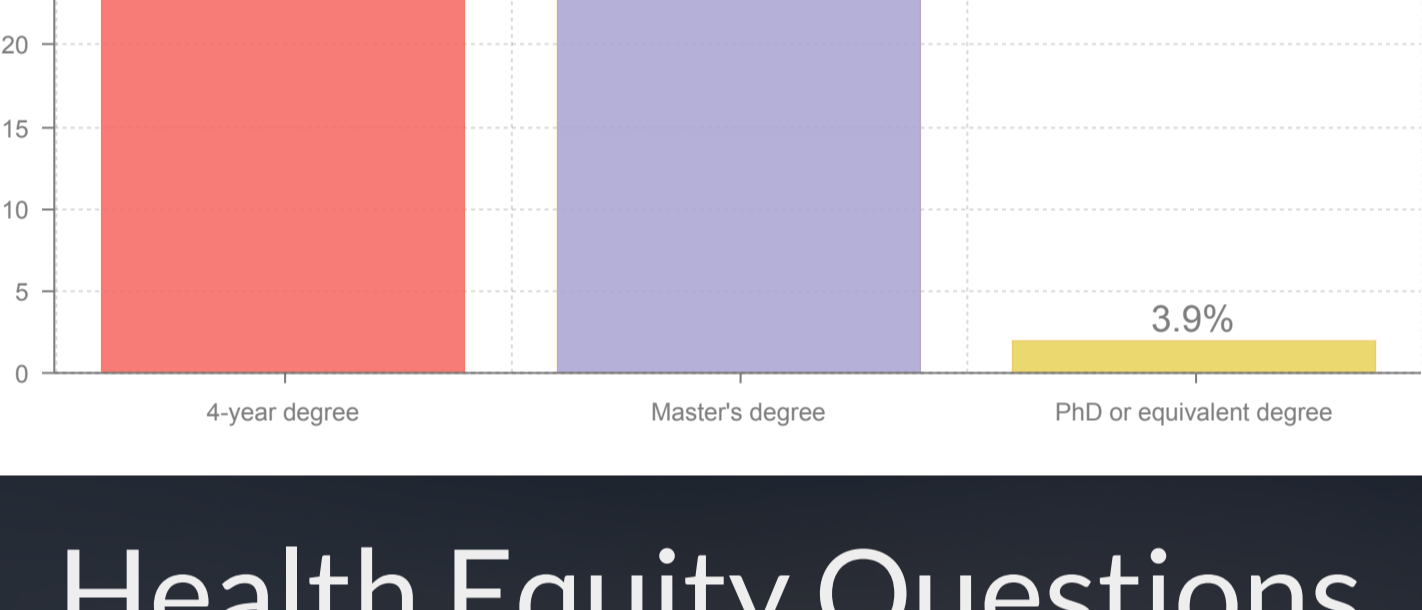
Non-profit

Another sizable group of respondents work in the non-profit sector.

EDUCATION

Who hit the books?

The network is well educated.



Health Equity Questions

To help us realize healthTIDE's commitment to advancing health equity, we asked how the organizations involved in healthTIDE approach health equity in their own work. We encouraged respondents to consider realted ideas of racial equity and equity broadly in addition to health equity. We encouraged respondents to answer these questions from their own perspective and not necessarily feel the need to answer them as a representative of their organization.

Options for Questions



Questions and Averages

Q1	Q2	Q3	Q4
Our organization prioritizes health equity.	Our organization sets aside time regularly to deepen our understanding of the determinants of health.	Our organization includes staff members, board/advisories that reflect the diversity of our community.	The most impacted by disparities have regular opportunity to shape our organization's work.
3.25	2.98	2.91	2.63
Organizations seem to be prioritizing health equity work.	Organizations seem to be setting time aside for health equity work, but not as much as they are prioritizing this work.	Organizations seem to have started to be inclusive.	Organizations seem to be mostly planning to include community of impact in their work.

- Those who are practicing health equity are also more prepared to do policy-related work. (2.95 compared to 2.84)
- Support staff rate themselves higher in equity practices than their peers (e.g., trained professionals, consultants).
- The longer a respondent has worked at their current organization, the lower they rate their equity practices.
- Respondents, who state that they strongly disagree, disagree, or neither agree nor disagree with healthTIDE supporting health equity work across the network, rate their organization higher in health equity practices.
- Respondents who collaborate with public or community members in their own work seem to rate their organization's health equity practices increasingly worse based on how close they work with public or community members.
- Conversely, respondents whose organizations work with public or community members seem to rate their organization's health equity practices higher (better).