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IMPROVING PUBLIC HEALTH AND PROMOTING HEALTH EQUITY: EVALUATING EDUCATIONAL PERSPECTIVES IN THE CONTEXT OF ISLAMIC HIGHER EDUCATION

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Abstract

Health and educational concepts are being established and linked. Basic educational competence and skills, such as Physical, fundamental knowledge, Spiritual, emotional self-regulation, and interpersonal talents, are key components of health. Furthermore, education is an essential social predictor of health—an antecedent cause of health and wellbeing. The study aimed to offer a framework and empirical data to support the notion that educational programmes and policies are critical public health interventions and promote health equity. Completing and distributing an online ArcGIS Survey123 questionnaire with a five-Likert scale, which is an instrument for collecting the data through 145 communities of the colleges. The study applied a stratified random sampling technic, and employed a survey method with a descriptive qualitative analysis. The analysis is based on the application of Partial Least Squares Structural Equation Modelling (PLS-SEM) where one of the five paths is significant in evaluating the structural model. While the most substantial link was shown to exist between Administration Staffs' Physical and Administration staffs' Health Equity, the weakest significant link refers to the Students' Interpersonal talent. Other hypotheses are reported to be insignificant. Findings indicate that context-sensitive for lecturer is Physical, Administration staff is Interpersonal talent, and for student is spiritual.
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Keywords: *public health, promoting, health equity, educational, Islamic higher education*

Introduction

Public health or Healthy Indonesia Program is one of the projects of the 5th Agenda of Nawa Cita, meaning increasing the Quality of Life of Indonesians. This initiative is reinforced by other sector programmes, including the Smart Indonesia Program, the Indonesia Kerja Program, and the Prosperity Indonesia Program. The Healthy Indonesia Program subsequently becomes the primary programme of health development, with goals set forth in the Ministry of Health's Strategic Plan for 2015-2019 on the Decree of the Minister of Health R.I. Number HK.02.02/Menkes/52/2015 (Ministry of Health Republic of Indonesia, 2013).

The Public Health or Healthy Indonesia initiative is carried out by imposing three basic pillars: (1) the implementation of a healthy paradigm, (2) the enhancement of health services, and (3) the implementation of national health insurance (JKN). The healthy paradigm is implemented through health mainstreaming approaches

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in development, increased promotion and prevention initiatives, and public participation. According to United Nations, (2016), the shift towards the new paradigm, that is, the "ecological and humanistic" paradigm, The humanistic dimension, in particular, is related to human wellbeing, health and living conditions, issues that in this period of health emergency due to COVID-19 are even more at the canter of international debates (Girard & Nocca, 2020). Strengthening health services is accomplished by measures that expand access to health services, optimise the referral system, and improve quality through the use of a continuum of care approach and health risk-based treatments. Meanwhile, JKN deployment is being carried out with a strategy of growing objectives and benefits (benefits), as well as quality and cost management. All of this is aimed at creating healthy families.

This study focuses on the implementation of a healthy paradigm in which education as a personal characteristic are a fundamental conceptual component and an essential component of health. Here we focus on 2 additional relationships between education and health. *First,* we propose that education as a personal attribute is a central conceptual component and essential element of health. *Second*, we summarize the extensive literature demonstrating that formal education is a contributing cause of health. As a result, UIN Sulthan Thaha Saifuddin Jambi supports the healthy paradigm or public health, which was carried out at the Covid-19 mass vaccination on Saturday (17/7/2021). This immunisation campaign had been carried out in collaboration with the Jambi Regional Police and the PKC PMII Jambi Province (Humas UIN Sulthan Thaha Saifuddin jambi, 2021). However, studies on Public Health in Higher Education, such as Islamic Higher Education in Indonesia, have remained limited. The primary goal of this research is to answer the following questions: 1) Is the model proposed in this study valid and reliable in the context of Islamic higher education in Indonesia? 2) What factors influence lecturers', staffs', students' intentions to promote health equity? 3) What are the relationships between the criteria that indicate public health implementation develops health equity in Islamic higher education?

General Overviews

Education is a process as much as a product. From a societal perspective, education intentionally engages the responsive capacities of youngsters and others in order to imbue them with knowledge, thinking skills, morals, socio-emotional awareness and control, and living thing engagement, so that they can develop as capable of engaging, constructive, innovative, and self-governing members of a community (Hahn & Truman, 2015). In actuality, most educational institutions do not achieve these goals for all children; educational institutions in Indonesia risk suffering the consequences of their objectives, and too many students may be led into bad academic, social alienation, and living conditions with long-term effects.

An education is the accumulation of knowledge, skills, and talents (cognitive, socio-emotional, physical, creative, and interpersonal) acquired by a learner via formal and informal education. A personal trait is education. However, basic education is an integral part of being healthy. A person is unhealthy if he or she lacks basic knowledge, the ability to reason, emotional capacities of self- awareness and emotional regulation, and skills of social interaction (Hahn & Truman, 2015).

Researchers and experts in public health have investigated three major links between education and health. First and foremost, health is a necessity for education: hungry children, children who cannot hear well, or children who have persistent toothaches, for example, are hampered in their education (Healthier, 2010). Second, health education happens in schools and in many public health programmes; it is a critical public health strategy (Peters LW, Kok G, Ten Dam GT, Buijs GJ, 2009). Third, physical education in schools combines instruction about the benefits of

physical activity for health with promotion of such practise (Rasberry C, Lee SM, Robin L, 2011). Such acceptance consists of several components.

B.1. Public Health

Yunus, (2017) reported that *the first* essence of public health – health, community and science (know-how) – is among the precious elements nurtured and preserved by Islam. *The second* essence, community, lies at the core of Islamic teachings as the nucleus of human interaction where social support, mutual cooperation and trust are built for the common good. *The third* essence of public health, science or knowledge, represents a set of systematic skills, expertise and know-how in dealing with health issues, aiming at disease prevention, health protection and health promotion at the community level. The mission of public health is therefore to achieve an equitable distribution of health for the total population. Furthermore, Binns & Low, (2015) confirmed that the American Public Health Association states "Public health promotes and protects the health of people and the communities where they live, learn, work and play.

B.2. Physical

Physical exercise keeps the body in shape through learning, thinking, reasoning, solving problems, and so on is mental exercises that may keep the central nervous system (Ross & Wu, 2009). The 3 clusters of covariates together explain between 55% and 59% of the variance in self-reported health and between 46% and 71% of physical functioning in these surveys. This suggests that the smallest contribution to health outcomes is associated with health behaviours, which were entered last into the regression model. In addition to providing extensive evidence that education is associated with health, we argue that the underlying causal process is conceptually similar to the causal relationships between physical activity or an infectious agent and health (Department of Health and Human Services, 2008; Powell KE, Spain KG, Christenson GM, 1986).

B.3. Fundamental knowledge

Basic means essential facts or principles of a subject or skill, while Fundamentals means a central or primary rule or principle on which something is based. Forming the base, from which everything else develops(Cambridge University Press, 2022). While, knowledge means the fact or condition of knowing something with familiarity gained through experience or association (Cambridge University Press, 2022). (1) The fact or condition of being aware of something. understanding of information about a subject that you get by experience or study, either known by one person or by people generally (2) Acquaintance with or understanding of a science, art, or technique. Fundamental knowledge means what is the base from which everything else develops, and how well you know theory, education, psychology, sociology, economics, geography, history, politics, and so on?

B.4. Spiritual

According to King, (2003), religion offers a spiritual setting in which a young person can investigate concerns relating to identity construction. Religions frequently give opportunity for teenagers to engage with peers and form having consistent. Spirituality therefore offers an understanding of oneself in relation to others. Engaging in the spiritual creates a connection with the supernatural, human or natural other, allowing a young person to perceive himself or herself in relationship to God and a community of believers. Furthermore, spiritual growth looks to be a potentially strong resource for beneficial human development in life (Benson, Peter L, Eugene C. Roehlkepartain, 2003). Relating to health, Ross, Linda A. BA., RGN., (1994) believes

that the spiritual component is articulated and scientific proof for its effect on health, well-being, and life's quality is shown.

B.5. Emotional self-regulation

Emotions are whole-body phenomena that involve loosely coupled changes in the domains of subjective experience, behaviour, and central and peripheral physiology (Mauss, I. B., Levenson, R. W., McCarter, L., Wilhelm, F. H., & Gross, 2005). Emotion self-regulation refers to shaping which emotions one has, when one has them, and how one experiences or expresses these emotions (Gross, 1998). Thus, emotion regulation is concerned with how emotions themselves are regulated (regulation of emotions), rather than how emotions regulate something else (regulation by emotions). Defined in this way, many different activities count as emotion regulatory.

B.6. Interpersonal talents

Interpersonal skills are defined as the ability to appreciate the views of others, realizing social responsibility, working together, tolerant, and able to communicate with others. Interpersonal skills have five indicators, namely: (1) respect the views of others, (2) be aware of social responsibility, (3) collaboration with others, (4) tolerance toward others, and (5) communicate effectively with others (Akif Khilmiyah, 2020).

B.7. Health Equity

A basic principle of public health is that all people have a right to health. Differences in the incidence and prevalence of health conditions and health status between groups are commonly referred to as health disparities. In particular, education is a powerful means of breaking the cycle of poverty (which greatly affects ethnic and racial minority populations) and promoting health equity. Health equity, then, as understood in public health literature and practice, is when everyone has the opportunity to “attain their full health potential” and no one is “disadvantaged from achieving this potential because of their social position or other socially determined circumstance” (Hahn & Truman, 2015).

Particular Overviews

C.1. The conceptual model

The study's design included the use of PLS-SEM to better understand the components that impact the equality of public health improvement in promoting health equality via educational perspective in Islamic Higher Education Context college communities, particularly UIN Sulthan Thaha Saifuddin Jambi. The proposed structural model is explored in two stages: first, the models contain latent variables (measurement models) that characterise the relationships between latent indicators and manifest factors; and second, a structural model that incorporates the interactions between the latent variables. The conceptual model explained the relationship between latent variables and predictor factors. PLS-SEM is used to analyse causal predicting elements as well as reflective and formative aspects (Erdfelder et al., 2009). This technique is nonparametric in nature, which implies that no assumptions about the distribution of the data are required. The PLS-SEM is a well-known multivariate analytic approach for developing variance-based structural equation models, notably in the social sciences (Ahmed & Mehedi Masud, 2014). PLS-SEM also enables the resolution of intricate procedures of links and causal relationships that would be hard to detect otherwise.

To construct a model, the SEM approach was used, and 37 qualities of Basic educational competence and skills, such as Physical, fundamental knowledge, Spiritual, emotional self-regulation, and interpersonal talents, were identified as observable factors, which were finalised from the literature (described above) and classified into five groups. Construction-related aspects, stakeholder-related factors, material-related factors, design-related factors, and external devices components were the five classifications. The endogenous latent variable (Health equity of the College community) is made up of eight observable elements. Figure 1 represents the conceptual model exhibiting the relationship between the exogenous and endogenous latent components. As a result, the five major constructs have an impact on the Community College health equity. The following are the study's hypotheses:

(H1): Physical has a positive and significant effect on Health Equity
(H2): Emotional self-Regulation has a positive and significant effect on Health Equity
(H3): Interpersonal Talent has a positive and significant effect on Health Equity
(H4): Fundamental Knowledge has a positive and significant effect on Health Equity
(H5): Spiritual has a positive and significant effect on Health Equity

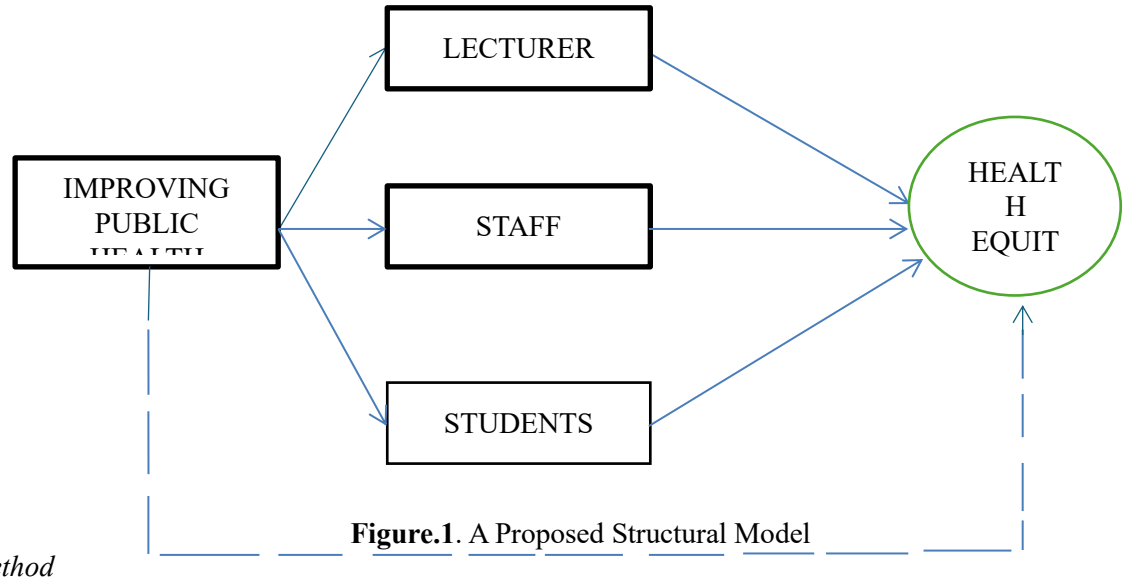

Figure.1. A Proposed Structural Model

C.2. Method

The study's aim was to investigate the public health on the basis of Educational perspective that impact college Communities in their promoting health equity through the context of Islamic higher education in Indonesia. To achieve the study's objective, a field study was conducted using an online structured questionnaire using ArcGIS 123 survey. Informed consent was obtained from all respondents. The need for ethics approval was waived by the IRB of Universitas Islam Negeri Sulthan Thaha Saifuddin Jambi. The study is in accordance with relevant guidelines and regulations. The population in this study consists of lecturers, Administration staffs, and students at one of Indonesia's State Islamic Universities in Indonesia. Out of the college communities, 145 responded, but 1 missing responded. Table 1 shows data on 61 (42.06%) lecturers, 29 (20%) Administration staffs, 54 (37.24%) students.

Table. 1. *Profile of Respondents*

Demographic	[N]	[%]
Lectures	61	42.06
Administration Staff	29	20
Students	54	37.24
Missing respondent	1	0.7

C.3. Instrument

The study was split up into two sections and applied to three categorized of respondents: Section A: Factors impacting basic educational competences and skills of college communities' opinions of public health utilisation in their promoting health equity is further broken into six components: Physical (6 sub- indicators), fundamental knowledge (6 sub-indicators), Spiritual (5 sub-indicators), emotional self-regulation (6 sub-indicators), interpersonal talents (6 sub-indicators) , and promoting health equity (8 sub-indicators) respectively. The construct and content of instrument were validated by one internal and another external expert validator.

Table 2 below shows the five-point Likert scale used in the questionnaire, which is anchored from (1=absolutely disagree) to (5=absolutely agree). Likert Scale responses indicate a degree of agreement and disagreement with a variety of statements about attitude, object, person, or event (Taherdoost, 2019). Colman, Norris, & Preston, (1997) explain that while most rating scales, including Likert-scales and other attitude scales, contain either five or seven response alternatives, there is no recommendation regarding the choice of scale, and it has no effect on psychometric measurement quality criteria. Thus researchers can arrange rating scales either in ascending or descending order (Menold & Bogner, 2016). However, this needs to be done consistently throughout the questionnaire with a clear indication of choice at the beginning.

Table. 2. Likert scale's value

	Responses				
Scale	5	4	3	2	1
	Absolutely Agree	Agree	Neutral	Disagree	Absolutely Disagree

C. 4. Data collection procedures

In this research, respondents were asked to identify their opinion of the basic educational competence and skills factors presented by employing a Likert scale ranging from (1=absolutely disagree) to (5=absolutely agree) for each item. The data was obtained through college communities who were all active in the campus activities circumstances, where the sample group was selected from three categories of college community: Lecturer, administrative staff, and student. A total of 145 participants completed the survey questionnaire.
The questionnaires were sent to the college community through Whatsapp group messages or meetings; we ensured the confidentiality of the replies. Respondents were requested to fill in the survey questions based on their experiences and the most recently completed educational project linked to public health in which they were involved and had encountered difficulties promoting health equity. 145 of the issued questionnaires were returned, with one participant missing. One hundred forty-four completed questionnaires were gathered for the final analysis, resulting in a 99.03 % response rate. Given the selection, the respondents were all perceived to have adequate experience to comprehend the significance of the study.

Analysis

The proposed structural model was analysed using Smart-PLS version 3.3.3, which outperforms regression-based techniques in assessing multiple latent components with various observable variables (Hair, Howard, & Nitzl, 2020). According to Henseler, Ringle, & Sinkovics, (2009), PLS utilises a two-step approach that comprises evaluating the outside measurement model and the inner structural model. Furthermore, PLS-SEM is now recognised and used in social science studies as the best acceptable method for multivariate analysis (Hair, et al., 2020; Sarstedt, Ringle, & Hair, 2017).

This part of Appendix 1, 2, and 3 explain descriptive statistics such as mean, standard deviation, kurtosis, and skewness in detail. The findings of kurtosis and skewness (values between –1 and +1) indicated that the data were normally distributed. We converted the data to a Microsoft Excel spread sheet throughout the preparation process. Outliers and incomplete data were updated in accordance with J. Hair, Anderson, Babin, & Black, (2010) recommendations. The data was prepared to verify its completeness and quality, as well as the absence of statistical outliers, incomplete data, complete non distributions, or other data entry errors, as recommended by Hair, J. F., Hult, G. T. M., Ringle, C. M., & Sarstedt, (2017) and Chin, (2010). A box plot was used to identify outliers for each component. In the current study, the amount of missing data varied from 0 to .5 % for any single item. The lack of data were totally arbitrary (J. Hair et al., 2010), while the standard for univariate normality of a variable in a measurement model for a latent variable was that the skewness and kurtosis values for each item were between -1.96 and +1.96 at the (.05) significance level. The data were normally distributed (Table 3) and were analysed using SmartPLS 3.3.3.

D.1. Assessment of measurement model

In the second phase, the measurement model was assessed using composite reliability to determine internal consistency, individual indicator reliability, and average variance extracted (AVE) to establish convergent validity. Furthermore, the Fornell–Larcker qualifying measure and cross-loadings were used to assess discriminant validity (Hair, et al., 2016). The debate on such studies is in the section that follows. Table 3, 4, and 5 reveals that the composite reliability (CR) for each constructs in this study varied from .855 to .911 (lecturer), .729-877 (administration staff), and 829-929 (students) which are larger than the indicated threshold of .7. Consequently, the findings demonstrated that the items used to define the constructs had appropriate internal consistency reliability.

Convergent validity was evaluated using factor loadings, CR, and AVE (Hair, et al., 2016). According to Table 3, 4, and 5 the loadings for all products exceeded the minimum cut-off value of .5 (J. Hair et al., 2010). Furthermore, the constructions' composite reliability scores varied from .816 to 1.000, which is higher than the suggested limit of .7 (J. Hair et al., 2010); whereas the AVE values of lecturer, Administration staffs, and Students ranged between .585-752, .475-652, and .521-.771, which are larger than the minimal criterion of .5 with adequate convergent validity (Henseler et al., 2009).

Table. 3. Measurement model for Lecturer

Variables	Items	Loading	Cronbach Alpha	CR	AVE
Physical	LP1	.702	.776	.849	.585
	LP2	.825			
	LP5	.727			
	LP6	.797			

Interpersonal talent	LI1	.862	.886	.911	.632
	LI2	.825			
	LI3	.797			
	LI4	.845			
	LI5	.720			
	LI6	.709			
Spiritual	LS2	.910	.835	.901	.752
	LS3	.885			
	LS4	.800			
Emotional self-Regulation	LE1	.700	.878	.904	.611
	LE2	.822			
	LE3	.826			
	LE4	.755			
	LE5	.814			
	LE6	.763			
Fundamental knowledge	LF1	.722	.824	.876	.586
	LF2	.762			
	LF3	.781			
	LF4	.801			
	LF5	.761			
Health Equity	LHE2	.815	.874	.908	.666
	LHE3	.873			
	LHE5	.719			
	LHE6	.881			
	LHE8	.781			

Table. 4. Measurement model for Administration Staff

Variables	Items	Loading	Cronbach Alpha	CR	AVE
Physical	AP1	.588	.773	.828	.553
	AP2	.857			
	AP4	.641			
	AP5	.849			
Interpersonal talent	AI2	.937	.474	.768.	.623
	AI4	.623			
Spiritual	AS2	.573	.477	.756	.623
	AS4	.958			
Emotional self-Regulation	AE1	.649	.459	.729	.475
	AE2	.650			
	AE3	.761			
Fundamental knowledge	AF3	.619	.723	.846	.652
	AF5	.936			

	AF6	.835			
Health Equity	AHE4	.605	.808	.877	.646
	AHE5	.900			
	AHE6	.950			
	AHE8	.749			

Table. 5. Measurement model for Students

Variables	Items	Loading	Cronbach Alpha	CR	AVE
Physical	SP3	.746	.620	.829	.711
	SP6	.930			
Interpersonal talent	SI1	.630	.844	.884	.562
	SI2	.692			
	SI3	.722			
	SI4	.828			
	SI5	.824			
	SI6	.781			
Spiritual	SS1	.787	.825	.873	.582
	SS2	.859			
	SS3	.785			
	SS4	.660			
	SS5	.708			
Emotional self-Regulation	SE1	.714	.794	.861	.557
	SE2	.835			
	SE3	.877			
	SE4	.683			
	SE6	.649			
Fundamental knowledge	SF1	.668	.785	.845	.521
	SF2	.760			
	SF3	.695			
	SF4	.740			
	SF6	.743			
Health Equity	SHE2	.712	.908	.929	.689
	SHE3	.839			
	SHE4	.863			
	SHE5	.916			
	SHE6	.934			
	SHE8	684			

The “Fornel–Larker criteria” was used to test discriminate validity. Table 6 shows the discriminant validity results. The correlation for each variable was smaller than the square root of the average variance pulled out through the indicators measuring that variable, indicating excellent discriminant validity. Overall, the measuring model demonstrated satisfactory convergent and discriminant validity (Chin, 2010; Hair, Risher, Sarstedt, & Ringle, 2019).

Table. 6. Lecturers' Construct discriminant validity (Fornell and Larcker criterion)

		E	F	HE	I	P	S
Lecturer's	Emotional Self-Regulation	**.781**					
	Fundamental Knowledge	.670	**.766**				
	Health Equity	.495	.618	**.816**			
	Interpersonal Talent	.777	.765	.658	**.795**		
	Physical	.470	.534	.361	.410	**.765**	
	Spiritual	.708	.563	.501	.684	.446	**.867**
Administration Staffs'	Emotional Self-Regulation	**.689**					
	Fundamental Knowledge	.426	**.808**				
	Health Equity	.634	.573	**.804**			
	Interpersonal Talent	.291	.807	.473	**.796**		
	Physical	.481	.065	.442	-.002	**.743**	
	Spiritual	.089	.095	.494	.078	-.020	**.789**
Administration Staffs'	Emotional Self-Regulation	**.746**					
	Fundamental Knowledge	.685	**.722**				
	Health Equity	.586	.532	**.830**			
	Interpersonal Talent	.763	.715	.485	**.750**		
	Physical	.576	.454	.408	.605	**.843**	
	Spiritual	.098	.686	.485	.746	.504	**.763**

D.2. Reflective Indicator Loadings

Reflective indicator loadings across all six variables were determined using PLS-SEM. As a consequence of the procedure, the majority of items among all variables match the suggested loading criterion (≥ .708) (Hair Jr et al., 2021), performed in Figure 2, 3, 4 and Table 3, 4, 5. However, the value of LP3, LP4, LS1, LS5, LF6, LHE1, LHE7; AP3, AP4, AS1,AS3, AS5, AI1, AI3, AI5, AI6, AE4, AE5, AE6, AF1, AF2, AF4 were found to have a loading value less than .708; they were thus deleted due to their low loading. Nevertheless, in empirical research, the loading factor value > 0.5 is still acceptable. Thus, the loading factor value < 0.5 must be removed from the model (dropped) (Purwanto & Sudargini, 2021).

D.2. Internal Consistency Reliability

In this study, internal consistency reliability was utilised to assess the consistency of the instrument items' results (J. F. Hair et al., 2019). It is important that Cronbach's alpha and composite reliability (CR) are reported (J. F. Hair et al., 2019), where Cronbach's alpha and CR should be between .700 and .950 (Hair Jr et al., 2021; Hair et al.,

2019). Table 3, 4, 5 illustrates Cronbach's alpha and CR values, revealing that for the majority of variables, these show adequate internal consistency reliability levels. Nevertheless, twenty two indicator of variables (LP3, LP4, LS1, LS5, LF6, LHE1, LHE7; AP3, AP4, AS1,AS3, AS5, AI1, AI3, AI5, AI6, AE4, AE5, AE6, AF1, AF2, and AF4) obtained values that were less than .700, or greater than .95. We dropped the items to remedy the issue since they have a close similarity of a remark or conceptual redundancy to others in their variables.

D.2. Convergent and Discriminant Validity

Convergent validity was assessed through Average Variance Extracted (AVE) (Hair Jr et al., 2021). It is recommended that AVE values be more than .500, which informs 50% or more of the variable item variance. We also used the PLS-SEM technique in smartPLS 3.3.3 to get the AVE values. All variable AVE values exceed .500 (Table 3,4,5). Hair Jr et al., 2021: J. F. Hair et al., 2019. p.9) defined discriminant validity as "the extent to which a variable is empirically different from other variables in the structural model." We reported the Fornell-Larcker criterion; the shared variance for variables should not be more than their AVEs (Fornell & Larcker, 1981). Table (3, 4, 5) shows that the AVE of all variables in this study is greater than their combined variance. Discriminant validity exists when a variable's loading value is larger than the cross-loading value of all of its other variables. The outer loadings (in bold) for each variable were greater than the cross-loading values of the other variables (Appendix 2, 3, 4). The discriminant validity was obtained based on the Fornell-Larcker criterion and cross-loading values.

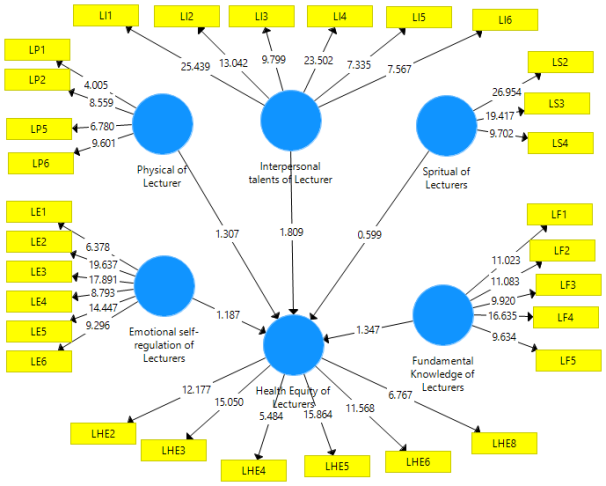

Figure. 2. Lecturer's Measurement model

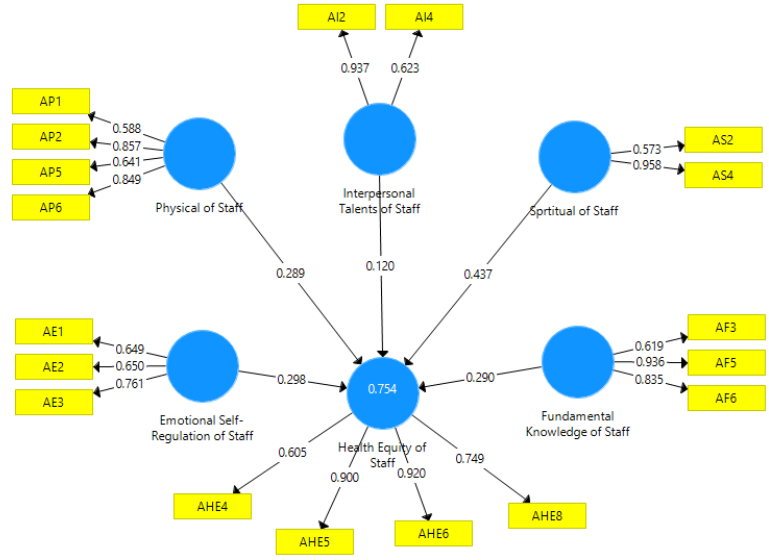

Figure. 3. Staff's Measurement model

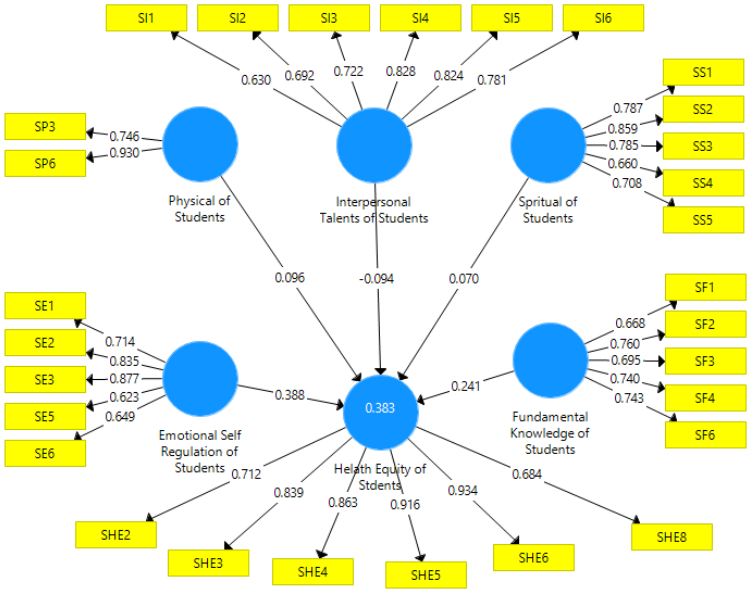

Figure. 4. Students' Measurement model

D.2. Structural model

Collinearity was computed prior the calculation of structural model. Path coefficients (β), t values, and p values were presented for the structural model. According to Hair et al. (2019), the coefficient of determination (R^2), effect size (f^2), and predictive relevance (Q^2) were all analysed.

D.2. Collinearity

The variance inflation factor (VIF) is used to assess collinearity. The collinearity levels increase as the VIF values rise. The values (> 5) suggest that the variables have collinearity issues. Every VIF value is less than 5. Therefore, collinearity was not an issue in our research (Table 7).

Table. 7. The Value of Variance Inflation Factor

		E	F	HE	I	P	S
Lecturers'	Emotional Self Knowledge			3.101			
	Fundamental knowledge			2.841			
	Health Equity			-			
	Interpersonal talent			3.806			
	Physical			1.511			
	Spiritual			2.274			
Administration Staffs'	Emotional Self Knowledge			1.651			
	Fundamental knowledge			3.258			
	Health Equity			-			
	Interpersonal talent			2.901			
	Physical			1.351			
	Spiritual			1.016			
Students'	Emotional Self Knowledge			2.904			
	Fundamental knowledge			2.431			
	Health Equity			-			
	Interpersonal talent			3.544			
	Physical			1.664			
	Spiritual			2.662			

D.2. Structural Model Relationship

A bootstrapping procedure was applied with 3,000 sub-samples to determine the significance of the link. Most variables are strongly connected at the 5% level of significance. The staffs' strongest correlations occurs in hypotheses (H4) between AP➢ AHE (β= .289; t= 1.976), whereas the lecturers' and students' do not obtain any. AE➢ AHE (β = .298; t = 1.708), SE➢ SHE (β = .388; t = 1.840), LF➢ LHE (β = .271; t = 1.369), AF➢ AHE(β = .271; t = 1.369), SF➢ SHE (β = .241; t = 1.709), LI➢ LHE (β = .478; t = 1.931), AI➢ AHE (β = .120; t = .538), LP➢ LHE (β =. 044; t = .321), LS➢ LHE (β =. 115; t = .321), , AS➢ AHE (β =. 437; t = .1.781), SS➢ SHE (β =. 070; t = .349) are eleven positive but not significantly connected paths. However, the other pathways are negative

and not significantly related: LE⇏ LHE (β = -.161; t = .980); SI⇏ SHE (β = -.094; t = .441); and SP⇏ SHE (β = .096; t = .575). The results of the bootstrapping are shown in Table 8 and Figure 6, 7, and 8.

Table. 8 Path coefficient

Hypotheses	Path	*β*	SD *[δ]*	*t*-statistic	*p*-value	Significance
1. (H1):	- LP -> LHE	.044	.139	.321	.748	*Positive,, Not significant*
	- AP -> AHE	.289	.146	1.976	.049	***Positive, Significant***
	- SP -> SHE	.096	.167	.575	.565	*Negative, Not significant*
2. (H2)	- LE -> LHE	-.161	.164	.980	.327	*Negative, Not significant*
	- AE -> AHE	.298	.174	1.708	.088	*Positive, Not significant*
	- SE -> SHE	.388	.211	1.840	.066	*Positive, Not significant*
3. (H3):	- LI -> LHE	.478	.248	1.931	.054	*Positive,, Not significant*
	- AI -> AHE	.120	.222	.538	.591	*Positive,, Not significant*
	- SI -> SHE	-.094	.213	.441	.659	*Negative, Not significant*
4. (H4):	- LF -> LHE	.271	.198	1.369	.172	*Positive, Not significant*
	- AF -> AHE	.290	.187	1.547	.123	*Positive,, Not significant*
	- SF -> SHE	.241	.141	1.709	.088	*Positive,, Not significant*
5. (H5)	- LS -> LHE	.115	.168	.680	.497	*Positive, Not significant*
	- AS -> AHE	.437	.245	1.781	.076	*Positive,, Not significant*
	- SS -> SHE	.070	.201	.349	.728	*Positive, Not significant*

D.3. Coefficient of Determination (R^2)

R^2 is the value required to calculate the accuracy. Each dependent variable's variance is explained by R^2, and the model's explanatory power is measured as per J. F. Hair et al., (2019) and Nitzl, (2014). R^2 values range from 0 to 1, with a larger number indicating a better level of Prediction accuracy (.750 = significant, .500 = moderate, and .250 = weak) (Hair et al., 2019). Table 10 shows a high level of R^2. Lecturers' Health Equity is moderate (.476). The highest R^2 is AHE (.754), while the weakest is SHE (.383) (Table 9).

Table. 9. Coefficient of Determination (R^2)

	R^2	Consideration
Lecturers' Health Equity	.476	Moderate
Administration Staffs' Health Equity	.754	Substantial
Students' Health Equity	.383	Weak

D.2. F^2 Effect Size

The effect sizes (F^2) assess the influence of a driving variable on a dependent variable (Nitzl, 2014). f^2 evaluates the change in R^2 values when an independent variable is removed from the model Jacob Cohen, (1988), assessing the true influence of the independent variable on the dependent variable (.020 = low, .150 = medium, .350 = large) (J. F. Hair et al., 2019). Table 10 exhibits f^2 effect size. Four drivers have medium, while one (AS -> AHE) has large

effects on endogenous variables. The other ten for (lecturers' LE -> LHE, LF -> LHE, LP -> LHE, LS -> LHE; Staffs' AI -> AHE ; and all students' f^2 Effect Size) have a small effect (Table 10).

Table 10. F^2 Effect Size

		f^2	Effect Size
Lecturers'	LE -> LHE	.016	Small
	LF -> LHE	.049	Small
	LI -> LHE	.115	Medium
	LP -> LHE	.002	Small
	LS -> LHE	.011	Small
Administration Staffs'	AE -> AHE	.219	Medium
	AF -> AHE	.105	Medium
	AI -> AHE	.020	Small
	AP -> AHE	.252	Medium
	AS -> AHE	.764	Large
Students'	SE -> SHE	.084	Small
	SF -> SHE	.039	Small
	SI -> SHE	.004	Small
	SP -> SHE	.009	Small
	SS -> SHE	.003	Small

D.2. Assessing Predictive Relevance, Q^2

We evaluated the model's predictive relevance Q^2) (Shmueli, Galit & Koppius, 2011). When the model provides acceptable Q^2 values, the predictions for the indicator's points are correct (Hair et al., 2019)(J. F. Hair et al., 2019). Q^2 value (>.0) demonstrates that the model's predictive significance for the variable is attained (.020 = small; .150 = medium; .350 = high) (J. F. Hair et al., 2019). To determine the Q^2 values of the dependent variables, we then used Smart-PLS tool and blindfolded ourselves. Table 11 indicates the Q^2 values for the variables; they are all greater than zero. The findings revealed that the predictive relevance of the model for all dependent variables is confirmed.

Table. 11. Assessing Predictive Relevance, Q^2

	SSO	SSE	Q^2 (1-SSE-SSO)	*Predictive Relevance*
LE	366.000	366.000		
LF	305.000	305.000		
LHE	305.000	305.000	.262	Medium
LI	366.000	366.000		
LP	244.000	244.000		
LS	183.000	183.000		
AE	87.000	87.000		
AF	87.000	87.000		
AHE	116.000	72.876	.372	Large

AI	58.000	58.000		
AP	116.000	116.000		
AS	58.000	58.000		
SE	270.000	270.000		
SF	270.000	270.000		
SHE	324.000	248.110	.234	Medium
SI	324.000	324.000		
SP	108.000	108.000		
SS	270.000	270.000		

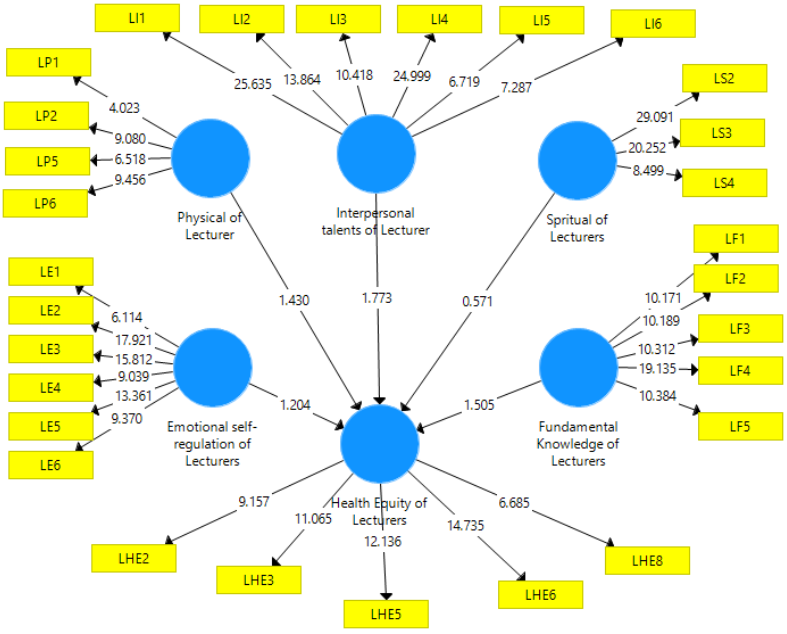

Figure. 6. Lecturers' Path Testing Model

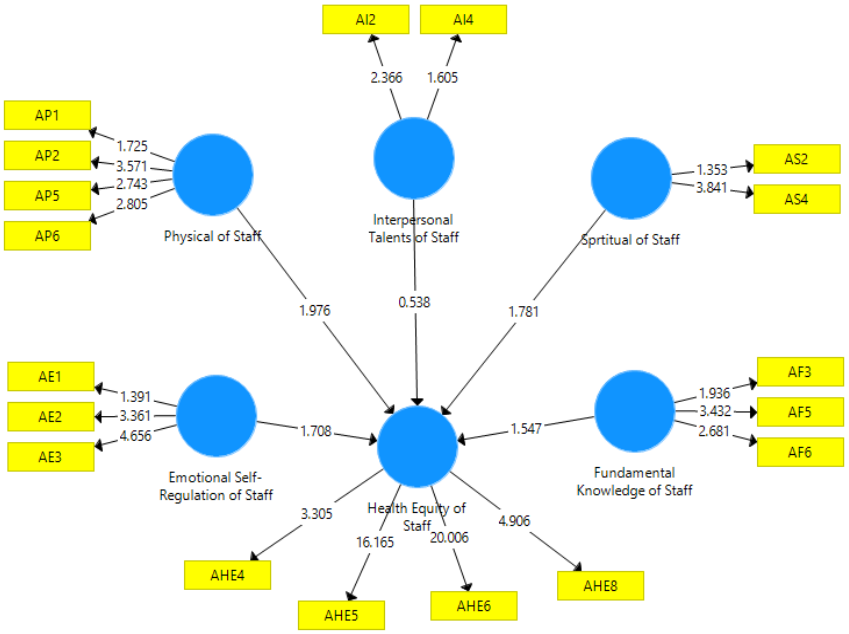

Figure. 7. Staffs' Path Testing Model

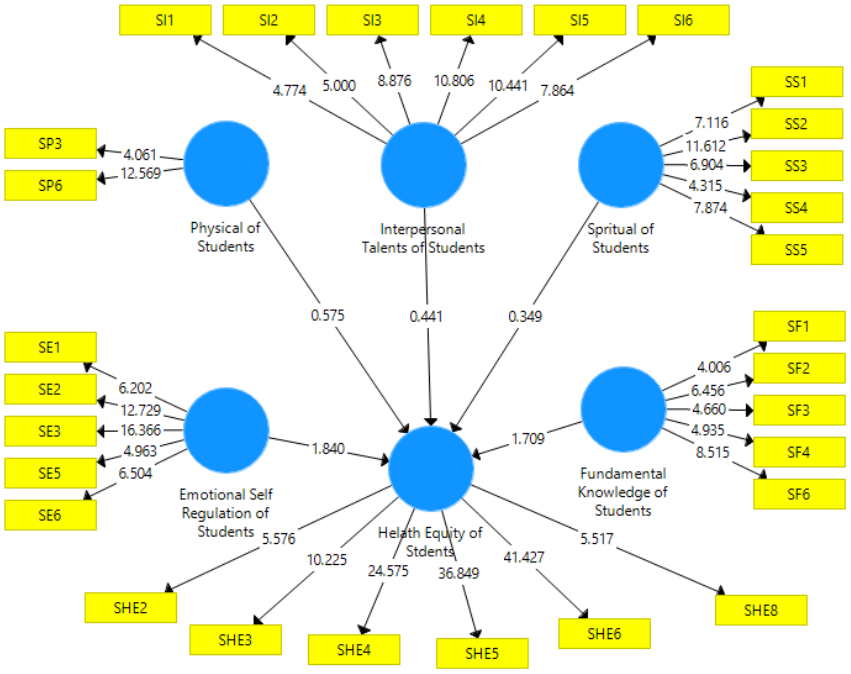

Figure. 8. Students' Path Testing Model

Conclusion

A proposed model is developed based on spreading Public Health in Educational context with five research hypotheses was verified, tested, and reported employing a sample of 145 participants from one university. Public Health (PH) has six core educational factors; the proposed; LP, LI, LE, LF, LS; AP, AI, AE, AF, AS; SP, SI, SE,SF, and SS, as five exogenous variables to predict one endogenous variables Health Equity of Islamic higher education lecturers' perspectives on promoting health equity. Variables from current relevant work were adjusted accordingly. The final findings from the study show significant correlations between one of the five hypotheses. Except for AP and AHE, no substantial links exist between the key variables. In line with prior study in the sector, the findings include a model reflecting lecturers, staffs, and students that includes LP, LI, LE, LS, and LF. Most external variable relationships, such as those between LE and LHE, AE and AHE, SE and SHE, LF and LHE, AF and AHE, SF and SHE, LI and LHE, AI and AHE, SI and SHE, LP and LHE, SP and SHE, LS and LHE, AS and AHE, and SS and SHE, are not significant.

To the extent that we recognize, this empirical study is one of the first pilot studies on enhancing public health in the Islamic higher education system, especially in the settings of college communities. As a consequence, the findings may serve as a guideline for future academics and practitioners at other institutions and throughout Indonesia. Some of this study's drawbacks should be addressed in further research investigations, bearing in mind that the scope of this study included only Islamic Higher Education college communities as participants to examine the suggested model and concepts. Relevant studies in a strategic point of view and location with more varied people and various sample size are necessary, as is longitudinal research over a longer length of time. Future studies may include further demographic data, whereas observation and interviews, for example, are suggested as research tools in a combined study.

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Appendix. 1. Lecturers' calculation of Mean, Standard Deviation, Excess Kurtosis, and Skewness.

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Indicators: | Indicator Correlations | Raw File

	No.	Missing	Mean	Median	Min	Max	Standard Devia...	Excess Kurtosis	Skewness
LP1	1	0	4.393	4.000	1.000	5.000	0.731	6.142	-1.817
LP2	2	0	4.361	5.000	1.000	5.000	0.850	3.868	-1.767
LP3	3	0	3.934	4.000	2.000	5.000	0.787	0.066	-0.503
LP4	4	0	3.770	4.000	1.000	5.000	0.998	0.492	-0.835
LP5	5	0	4.754	5.000	1.000	5.000	0.644	18.702	-3.863
LP6	6	0	4.328	4.000	2.000	5.000	0.783	0.806	-1.083
LE1	7	0	4.508	5.000	3.000	5.000	0.643	-0.107	-0.978
LE2	8	0	4.377	4.000	3.000	5.000	0.657	-0.624	-0.596
LE3	9	0	4.262	4.000	2.000	5.000	0.699	0.478	-0.716
LE4	10	0	4.197	4.000	2.000	5.000	0.846	0.226	-0.895
LE5	11	0	4.016	4.000	2.000	5.000	0.896	-0.431	-0.594
LE6	12	0	4.082	4.000	2.000	5.000	0.774	0.052	-0.580
LI1	13	0	4.066	4.000	2.000	5.000	0.807	0.233	-0.698
LI2	14	0	4.066	4.000	3.000	5.000	0.744	-1.185	-0.108
LI3	15	0	4.213	4.000	3.000	5.000	0.656	-0.704	-0.260
LI4	16	0	4.344	4.000	3.000	5.000	0.597	-0.619	-0.313
LI5	17	0	4.492	4.000	4.000	5.000	0.500	-2.068	0.034
LI6	18	0	4.541	5.000	3.000	5.000	0.560	-0.463	-0.739
LS1	19	0	4.508	5.000	3.000	5.000	0.617	-0.185	-0.889
LS2	20	0	4.656	5.000	3.000	5.000	0.540	0.784	-1.300
LS3	21	0	4.705	5.000	4.000	5.000	0.456	-1.191	-0.921
LS4	22	0	4.459	5.000	3.000	5.000	0.616	-0.436	-0.703
LS5	23	0	3.984	4.000	2.000	5.000	0.839	-0.779	-0.309
LF1	24	0	4.443	4.000	3.000	5.000	0.587	-0.617	-0.517
LF2	25	0	3.656	4.000	2.000	5.000	0.921	-0.882	-0.022
LF3	26	0	4.213	4.000	3.000	5.000	0.656	-0.704	-0.260
LF4	27	0	4.295	4.000	3.000	5.000	0.732	-0.970	-0.536
LF5	28	0	3.951	4.000	2.000	5.000	0.777	-0.824	-0.127
LF6	29	0	3.607	4.000	2.000	5.000	0.928	-0.806	-0.131
LHE1	30	0	4.426	5.000	3.000	5.000	0.712	-0.561	-0.851
LHE2	31	0	4.443	5.000	2.000	5.000	0.666	1.615	-1.150
LHE3	32	0	4.311	4.000	2.000	5.000	0.714	0.456	-0.827
LHE4	33	0	4.213	4.000	2.000	5.000	0.832	-0.180	-0.776
LHE5	34	0	4.230	4.000	2.000	5.000	0.755	-0.188	-0.651
LHE6	35	0	4.148	4.000	1.000	5.000	0.846	1.961	-1.125
LHE7	36	0	3.393	3.000	1.000	5.000	1.091	-0.800	-0.147
LHE8	37	0	4.016	4.000	1.000	5.000	0.949	0.752	-0.976

Appendix. 2. Staffs' calculation of Mean, Standard Deviation, Excess Kurtosis, and Skewness

Delimiter:	Comma	Encoding:	UTF-8
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Number Format:	US (example: 1,000.23)	Indicators:	37
Missing Value Marker:	None	Missing Values:	0

Re-A

Indicators: | Indicator Correlations | Raw File

	No.	Missing	Mean	Median	Min	Max	Standard Deviation	Excess Kurtosis	Skewness
AP1	1	0	3.931	4.000	1.000	5.000	0.907	2.105	-1.027
AP2	2	0	3.690	4.000	2.000	5.000	0.792	-0.659	0.206
AP3	3	0	3.621	4.000	2.000	4.000	0.552	0.492	-1.164
AP4	4	0	3.517	4.000	2.000	5.000	0.725	-0.027	-0.636
AP5	5	0	4.414	4.000	4.000	5.000	0.493	-2.007	0.369
AP6	6	0	4.103	4.000	2.000	5.000	0.661	2.482	-0.876
AE1	7	0	4.172	4.000	2.000	5.000	0.591	5.284	-1.126
AE2	8	0	4.103	4.000	3.000	5.000	0.402	3.071	0.846
AE3	9	0	3.966	4.000	3.000	5.000	0.556	0.503	-0.015
AE4	10	0	3.931	4.000	3.000	5.000	0.450	2.322	-0.311
AE5	11	0	3.724	4.000	2.000	4.000	0.518	2.714	-1.813
AE6	12	0	3.759	4.000	2.000	5.000	0.567	2.253	-1.170
AI1	13	0	3.759	4.000	3.000	4.000	0.428	-0.406	-1.276
AI2	14	0	3.655	4.000	2.000	4.000	0.543	1.044	-1.355
AI3	15	0	3.828	4.000	3.000	4.000	0.378	1.446	-1.831
AI4	16	0	3.897	4.000	3.000	5.000	0.402	3.071	-0.846
AI5	17	0	4.034	4.000	3.000	5.000	0.490	1.593	0.086
AI6	18	0	4.034	4.000	3.000	5.000	0.414	3.542	0.249
AS1	19	0	3.966	4.000	3.000	5.000	0.556	0.503	-0.015
AS2	20	0	4.241	4.000	4.000	5.000	0.428	-0.406	1.276
AS3	21	0	4.310	4.000	4.000	5.000	0.463	-1.349	0.865
AS4	22	0	3.966	4.000	3.000	5.000	0.320	8.027	-0.770
AS5	23	0	3.759	4.000	3.000	5.000	0.625	-0.505	0.239
AF1	24	0	3.966	4.000	3.000	5.000	0.320	8.027	-0.770
AF2	25	0	3.655	4.000	2.000	5.000	0.708	0.462	-0.589
AF3	26	0	3.828	4.000	3.000	4.000	0.378	1.446	-1.831
AF4	27	0	4.034	4.000	3.000	5.000	0.414	3.542	0.249
AF5	28	0	3.552	4.000	1.000	5.000	0.723	3.955	-1.345
AF6	29	0	3.379	4.000	1.000	4.000	0.806	3.166	-1.670
AHE1	30	0	3.931	4.000	3.000	5.000	0.521	0.958	-0.094
AHE2	31	0	3.897	4.000	3.000	5.000	0.402	3.071	-0.846
AHE3	32	0	3.897	4.000	3.000	5.000	0.607	-0.175	0.057
AHE4	33	0	4.069	4.000	3.000	5.000	0.583	0.122	-0.009
AHE5	34	0	3.759	4.000	1.000	5.000	0.773	4.457	-1.425
AHE6	35	0	3.862	4.000	1.000	5.000	0.681	10.487	-2.577
AHE7	36	0	3.345	4.000	1.000	5.000	0.920	-0.072	-0.775
AHE8	37	0	3.690	4.000	1.000	5.000	1.054	1.225	-1.186

Appendix. 3. Students' calculation of Mean, Standard Deviation, Excess Kurtosis, and Skewness

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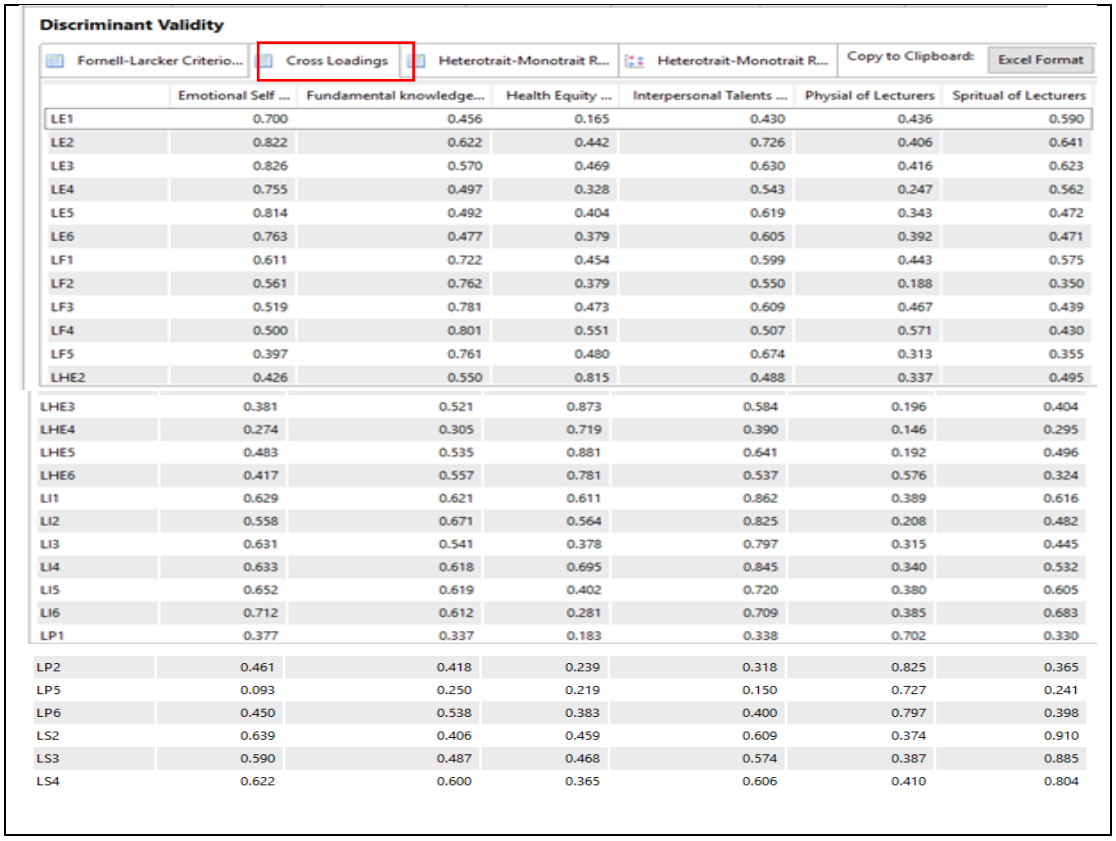
Re-Analyze

Indicators: | Indicator Correlations | Raw File | Copy to

	No.	Missing	Mean	Median	Min	Max	Standard Deviati...	Excess Kurtosis	Skewness
SP1	1	0	4.241	4.000	1.000	5.000	0.792	3.648	-1.389
SP2	2	0	4.278	4.000	1.000	5.000	0.848	2.488	-1.328
SP3	3	0	3.648	4.000	2.000	5.000	0.842	-0.613	-0.007
SP4	4	0	3.444	4.000	1.000	5.000	0.936	-0.305	-0.322
SP5	5	0	4.815	5.000	4.000	5.000	0.388	0.809	-1.668
SP6	6	0	4.037	4.000	2.000	5.000	0.769	0.185	-0.568
SE1	7	0	4.426	5.000	2.000	5.000	0.760	0.683	-1.173
SE2	8	0	4.407	5.000	3.000	5.000	0.653	-0.543	-0.671
SE3	9	0	4.204	4.000	3.000	5.000	0.704	-0.941	-0.317
SE4	10	0	3.796	4.000	1.000	5.000	0.847	1.114	-0.716
SE5	11	0	3.611	4.000	1.000	5.000	0.848	0.599	-0.454
SE6	12	0	3.796	4.000	2.000	5.000	0.825	-0.194	-0.410
SI1	13	0	3.537	4.000	1.000	5.000	0.995	-0.484	-0.338
SI2	14	1	3.736	4.000	1.000	5.000	0.850	0.876	-0.590
SI3	15	0	4.000	4.000	3.000	5.000	0.694	-0.895	0.000
SI4	16	0	4.000	4.000	2.000	5.000	0.770	0.068	-0.501
SI5	17	1	4.321	4.000	2.000	5.000	0.694	0.963	-0.890
SI6	18	0	4.185	4.000	2.000	5.000	0.772	-0.315	-0.589
SS1	19	0	4.500	5.000	3.000	5.000	0.569	-0.585	-0.620
SS2	20	0	4.481	5.000	3.000	5.000	0.631	-0.282	-0.840
SS3	21	0	4.574	5.000	3.000	5.000	0.564	-0.084	-0.937
SS4	22	0	4.259	4.000	3.000	5.000	0.644	-0.659	-0.310
SS5	23	0	3.685	4.000	2.000	5.000	0.766	-0.781	0.364
SF1	24	0	4.167	4.000	3.000	5.000	0.687	-0.861	-0.235
SF2	25	0	3.537	3.000	2.000	5.000	0.833	-0.557	0.275
SF3	26	0	4.037	4.000	2.000	5.000	0.666	0.637	-0.430
SF4	27	0	3.889	4.000	1.000	5.000	0.896	0.760	-0.728
SF5	28	0	4.056	4.000	3.000	5.000	0.731	-1.117	-0.089
SF6	29	0	3.000	3.000	1.000	5.000	0.962	0.289	-0.257
SHE1	30	0	3.741	4.000	2.000	5.000	0.865	-0.643	-0.167
SHE2	31	0	3.796	4.000	1.000	5.000	0.890	0.742	-0.714
SHE3	32	0	3.778	4.000	2.000	5.000	0.831	-0.305	-0.349
SHE4	33	0	3.963	4.000	1.000	5.000	0.981	-0.034	-0.651
SHE5	34	0	3.870	4.000	1.000	5.000	0.963	0.103	-0.627
SHE6	35	0	3.833	4.000	1.000	5.000	0.938	0.059	-0.485
SHE7	36	0	3.463	3.000	1.000	5.000	1.084	-0.274	-0.306
SHE8	37	0	4.037	4.000	1.000	5.000	0.981	0.484	-0.925

Appendix. 4. Lecturers' Cross Loading

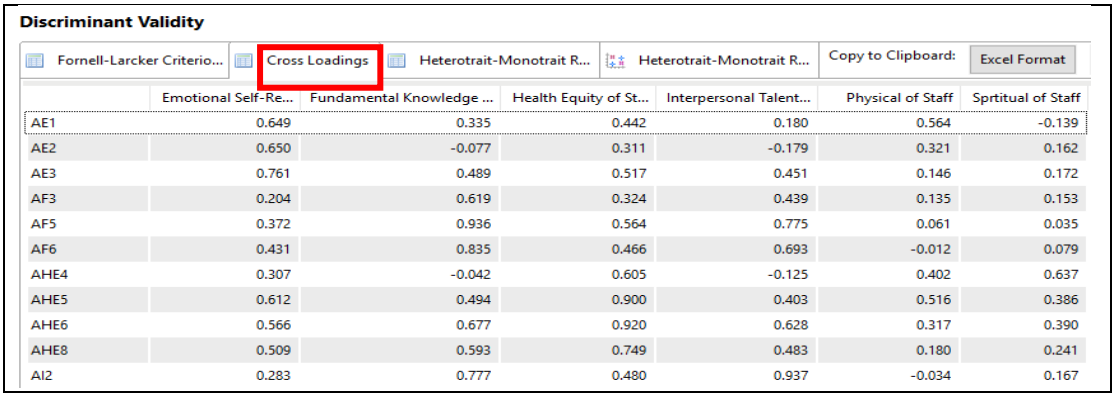


Discriminant Validity

Fornell-Larcker Criterio... | Cross Loadings | Heterotrait-Monotrait R... | Heterotrait-Monotrait R... | Copy to Clipboard: | Excel Format

	Emotional Self ...	Fundamental knowledge...	Health Equity ...	Interpersonal Talents ...	Physial of Lecturers	Spritual of Lecturers
LE1	0.700	0.456	0.165	0.430	0.436	0.590
LE2	0.822	0.622	0.442	0.726	0.406	0.641
LE3	0.826	0.570	0.469	0.630	0.416	0.623
LE4	0.755	0.497	0.328	0.543	0.247	0.562
LE5	0.814	0.492	0.404	0.619	0.343	0.472
LE6	0.763	0.477	0.379	0.605	0.392	0.471
LF1	0.611	0.722	0.454	0.599	0.443	0.575
LF2	0.561	0.762	0.379	0.550	0.188	0.350
LF3	0.519	0.781	0.473	0.609	0.467	0.439
LF4	0.500	0.801	0.551	0.507	0.571	0.430
LF5	0.397	0.761	0.480	0.674	0.313	0.355
LHE2	0.426	0.550	0.815	0.488	0.337	0.495
LHE3	0.381	0.521	0.873	0.584	0.196	0.404
LHE4	0.274	0.305	0.719	0.390	0.146	0.295
LHE5	0.483	0.535	0.881	0.641	0.192	0.496
LHE6	0.417	0.557	0.781	0.537	0.576	0.324
LI1	0.629	0.621	0.611	0.862	0.389	0.616
LI2	0.558	0.671	0.564	0.825	0.208	0.482
LI3	0.631	0.541	0.378	0.797	0.315	0.445
LI4	0.633	0.618	0.695	0.845	0.340	0.532
LI5	0.652	0.619	0.402	0.720	0.380	0.605
LI6	0.712	0.612	0.281	0.709	0.385	0.683
LP1	0.377	0.337	0.183	0.338	0.702	0.330
LP2	0.461	0.418	0.239	0.318	0.825	0.365
LP5	0.093	0.250	0.219	0.150	0.727	0.241
LP6	0.450	0.538	0.383	0.400	0.797	0.398
LS2	0.639	0.406	0.459	0.609	0.374	0.910
LS3	0.590	0.487	0.468	0.574	0.387	0.885
LS4	0.622	0.600	0.365	0.606	0.410	0.804

Appendix. 5. Staffs' Cross Loading



Discriminant Validity

Fornell-Larcker Criterio... | Cross Loadings | Heterotrait-Monotrait R... | Heterotrait-Monotrait R... | Copy to Clipboard: | Excel Format

	Emotional Self-Re...	Fundamental Knowledge ...	Health Equity of St...	Interpersonal Talent...	Physical of Staff	Sprtitual of Staff
AE1	0.649	0.335	0.442	0.180	0.564	-0.139
AE2	0.650	-0.077	0.311	-0.179	0.321	0.162
AE3	0.761	0.489	0.517	0.451	0.146	0.172
AF3	0.204	0.619	0.324	0.439	0.135	0.153
AF5	0.372	0.936	0.564	0.775	0.061	0.035
AF6	0.431	0.835	0.466	0.693	-0.012	0.079
AHE4	0.307	-0.042	0.605	-0.125	0.402	0.637
AHE5	0.612	0.494	0.900	0.403	0.516	0.386
AHE6	0.566	0.677	0.920	0.628	0.317	0.390
AHE8	0.509	0.593	0.749	0.483	0.180	0.241
AI2	0.283	0.777	0.480	0.937	-0.034	0.167

AI4	0.157	0.455	0.214	0.623	0.071	-0.162
AP1	0.106	-0.401	-0.032	-0.404	0.588	0.038
AP2	0.266	-0.180	0.402	-0.176	0.857	0.241
AP5	0.249	-0.010	0.182	-0.246	0.641	-0.006
AP6	0.580	0.296	0.374	0.271	0.849	-0.293
AS2	0.167	-0.433	0.179	-0.483	0.297	0.573
AS4	0.044	0.262	0.509	0.260	-0.128	0.958

6Appendix. Students' Cross Loading

Discriminant Validity

Fornell-Larcker Criterio... | Cross Loadings | Heterotrait-Monotrait R... | Heterotrait-Monotrait R... | Copy to Clipb

	Emotional Self ...	Fundamental ...	Helath Equity ...	Interpersonal T...	Physical of Stu...	Spritual of Stu...
SE1	0.714	0.511	0.347	0.636	0.466	0.632
SE2	0.835	0.542	0.411	0.644	0.456	0.670
SE3	0.877	0.635	0.498	0.669	0.474	0.604
SE5	0.623	0.388	0.461	0.434	0.479	0.338
SE6	0.649	0.458	0.428	0.459	0.261	0.374
SF1	0.576	0.668	0.269	0.478	0.334	0.616
SF2	0.514	0.760	0.279	0.457	0.293	0.409
SF3	0.505	0.695	0.323	0.635	0.345	0.582
SF4	0.553	0.740	0.284	0.548	0.194	0.635
SF6	0.418	0.743	0.576	0.486	0.402	0.370
SHE2	0.315	0.416	0.712	0.379	0.333	0.374
SHE3	0.479	0.545	0.839	0.468	0.310	0.475
SHE4	0.532	0.407	0.863	0.351	0.353	0.357
SHE5	0.641	0.516	0.916	0.459	0.327	0.503
SHE6	0.535	0.424	0.934	0.447	0.398	0.409
SHE8	0.326	0.306	0.684	0.284	0.335	0.247
SI1	0.442	0.552	0.384	0.630	0.462	0.484
SI2	0.501	0.557	0.223	0.692	0.553	0.572
SI3	0.667	0.522	0.398	0.722	0.415	0.482
SI4	0.601	0.576	0.462	0.828	0.549	0.591
SI5	0.621	0.500	0.348	0.824	0.389	0.657
SI6	0.557	0.486	0.230	0.781	0.312	0.593
SS1	0.520	0.368	0.226	0.571	0.419	0.787
SS2	0.534	0.511	0.417	0.620	0.345	0.859
SS3	0.583	0.490	0.295	0.670	0.376	0.785
SS4	0.483	0.567	0.255	0.546	0.432	0.660
SS5	0.530	0.600	0.497	0.476	0.379	0.708