



Office of Health Equity

Organizational Assessment for Equity Infrastructure

2024 Results Report

Acknowledgements

Thank you to all Local Health Jurisdictions for your participation in the Organizational Assessment for Equity Infrastructure 2024. This is the third year that our team has led the Organizational Assessment for Equity Infrastructure, and your continued cooperation in this process is a boon to the California Department of Public Health. Your leadership and commitment to health equity is incredible and inspiring to many. We hope that you can utilize these results, as well as the results from the past two cycles, to plan your future equity work and begin having conversations about the future of equity in your departments. We are excited to see all of the great progress you make in the coming year.

In partnership,

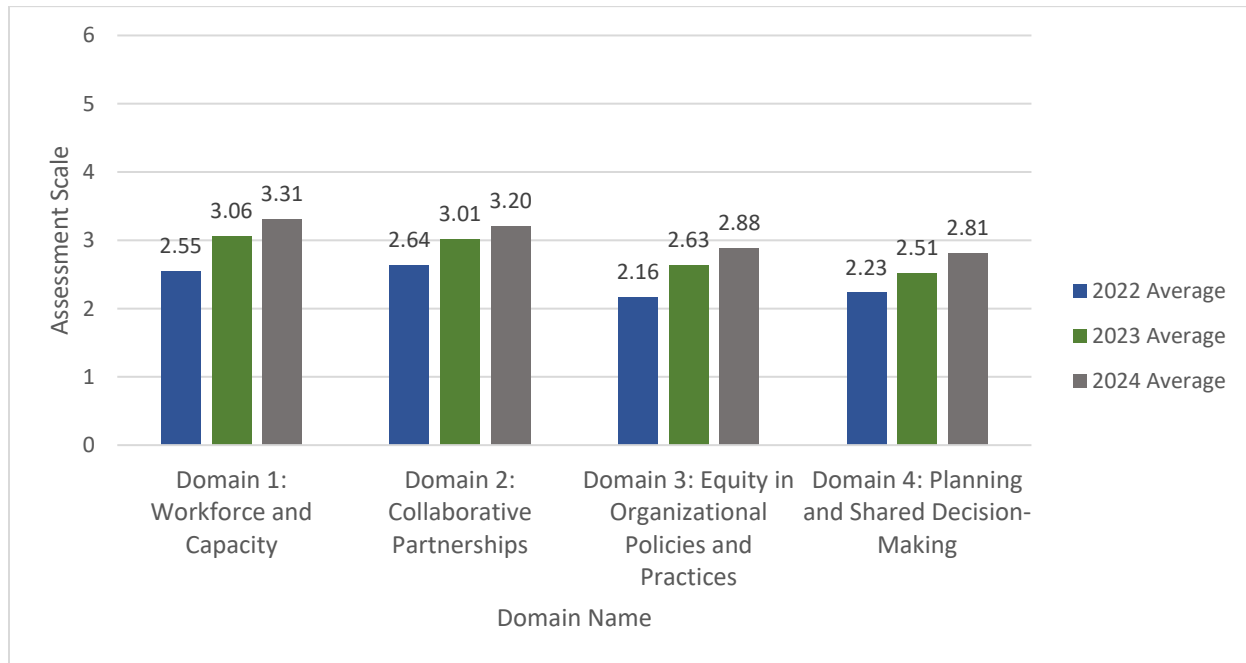
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Advancing Community Equity Branch, Office of Health Equity
California Department of Public Health

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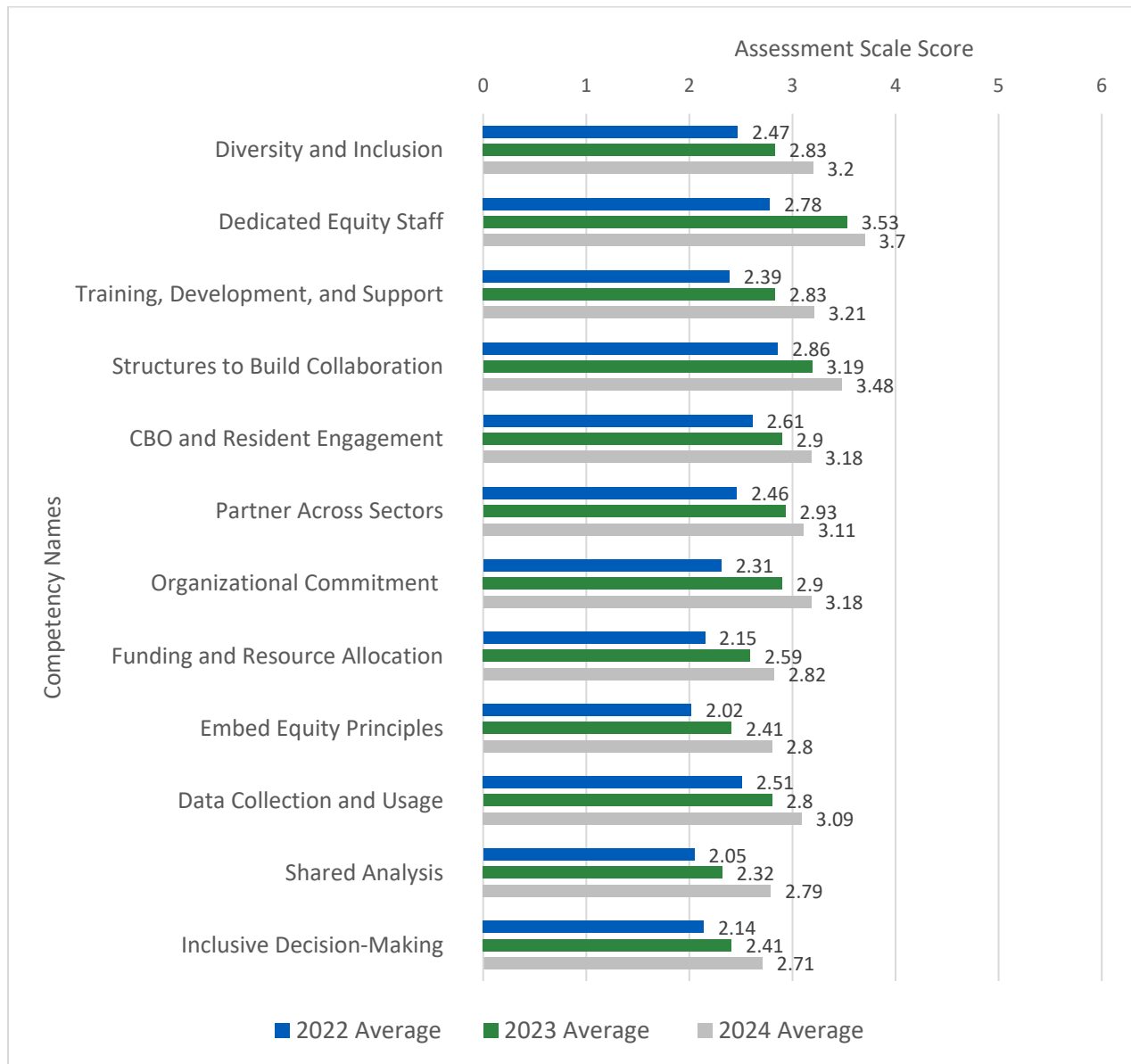
Executive Summary

This report provides a summary of the 2024 Organizational Assessment for Equity Infrastructure, highlighting the Background, Approach, and Strengths and Limitations sections. It examines both the statewide and regional assessment results, concluding with a plan for technical assistance from the Office of Health Equity at the California Department of Public Health (CDPH). The purpose of the 2024 Organizational Assessment for Equity Infrastructure is for Local Health Jurisdictions (LHJ) to continue dialogue, monitor progress, and implement changes for equity infrastructure. By comparing the 2023 and 2024 results, the report provides insights on LHJ development and the success of equity technical assistance since the Baseline Assessment was administered in 2022. Each of the CDPH defined regions in California has its own results section that includes domain averages, competency averages, priority areas, and strengths. Additional results are included in the appendices for reference. The assessment tool is divided into four overall domains with three competencies per domain (12 competencies total). Each competency is measured by three levels of development—Early (1-2), Established (3-4), and Strong (5-6)—on a scale from 1 through 6. All LHJs in the State of California were invited to complete the assessment from June to September 2024. Of the 61 Local Health Jurisdictions, 57 completed the assessment.

The assessment results shape equity capacity building at the local, regional, and state level. A statewide summary of results indicates that Local Health Jurisdictions in California are in the Early (1-2) and Established (3-4) levels of development. Figure 1 shows a comparison of the 2022- 2024 results. There is an improvement in all four domains, Domains 1 and 2 continue to be the only ones in the Established level (3-4) of development. The domain averages are as follows:

Figure 1: Statewide Domain Average Results 2022-2024

Within each domain, there is also an improvement in the three component competencies. Competencies included in **Dedicated Equity Staff** (Domain 1) and **Structures to Build Collaboration** (Domain 2) remain the top two most developed competencies this year. They are the only competencies that are in the Established Level (3-4) of development. Statewide competency averages are as follows:

Figure 2: Statewide Competency Averages 2022-2024

Of the 12 competencies in the assessment, LHJs also selected the top three competencies where they would like to focus equity development. As a state, the equity development priorities for LHJs did not change over the **past two years** and are as follows:

A. *Training, Development, and Support* found in Domain 1: Workforce and Capacity

B. *Embed Equity Principles* found in Domain 3: Equity in Organizational Policies and Practices

C. ***Inclusive Decision-Making*** found in Domain 4: Planning and Shared Decision-Making

These statewide results are further analyzed by region: Rural North, Greater Sierra Sacramento, Central California, Bay Area, and Southern California/Los Angeles (SoCal/LA) (Figure 3). Sections devoted to each region review domain results, competency results, and competency priorities, and highlights regional strengths including:

- **Dedicated Equity Staff** (Domain 1) is the most developed competency for four out of the five regions.
- All five regions have at least one domain in the Established level (3-4) of development.
- SoCal/LA is the only region that has a competency average in Level 4 “Fully Achieved” (**Dedicated Equity Staff** 4.18 average).
- Greater Sierra Sacramento had two domains (Domains 1 and 2) move into the Established Level (3-4) of development.

The assessment’s quantitative data reveals that California has made significant progress in advancing equity infrastructure over the past two years. LHJs continue to build internal capacity to advance health equity with the support of initiatives such as the [California Equitable Recovery Initiative \(CERI\)](#), [Future of Public Health \(FoPH\)](#), and [California Strengthening Public Health Infrastructure \(CASPHI\)](#).

Qualitative data from the three years of the assessment describes a non-linear equity journey that requires a multi-sector approach, rooted in sustainability, and innovative approaches in co-creation between community, staff, and leadership. The California Department of Public Health continues collaborating with local health jurisdictions to achieve a healthier future for all Californians.

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Background

In 2022, the Office of Health Equity in conjunction with the Office of Policy and Planning (formerly the Office of Strategic Development and External Relations) in the California Department of Public Health (CDPH) launched the inaugural Baseline Organizational Assessment for Equity Infrastructure. The second iteration of this assessment was released to Local Health Jurisdictions in April of 2023, and the third iteration of this assessment was released to Local Health Jurisdictions in June of 2024.

Funding for the assessment came from CDC's *National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities* (also referred to as the California Equitable Recovery Initiative [CERI]). This grant was designed to address COVID-19 related health disparities and advance health equity. Local Health Jurisdictions (LHJs) participating in CERI are required to establish a dedicated Equity Lead staff position, implement targeted local equity activities, and conduct an equity-focused organizational assessment.

The Organizational Assessment for Equity Infrastructure continues to fulfill one of the key required activities of the CERI grant. Like the first two iterations of the survey, and regardless of grant participation, all LHJs were invited and encouraged to fill out the assessment, and a total of 57 out of 61 LHJs across five regions (Figure 3) submitted responses.

[Results from the 2023 and 2024 assessment](#) continue to be used as part of a statewide process to understand local public health equity capacity, identify priorities for technical assistance, and inform the State Health Equity Plan (SHEP). A comparison of both assessments sheds light on the advances LHJs have made in the last year, and further highlights considerations for strengthening local capacity and advancing equity work.

Figure 3: Regions in California



Approach

Local Health Jurisdictions completed the assessment between June and September 2024. Recognizing that each jurisdiction is in a unique position with different levels of resources and needs, LHJs were given the liberty to complete the assessment as desired. Collaborative approaches such as cross-organizational engagement at different positional levels and across a breadth of programs were suggested by the CDPH Equity Technical Assistance (TA) Team.

Definitions, Domains, and Competencies

The assessment is divided into four domains and each domain is sub-divided into three competencies. Domains and competencies identified in this assessment (Table 1) were informed by an LHJ survey (July 2021) and existing assessment tools and frameworks from [Bay Area Regional Health Inequities Initiative \(BARHII\)](#), [Human Impact Partners \(HIP\)](#), [Coalition of Communities of Color \(CCC\)](#), and the [Government Alliance on Race and Equity \(GARE\)](#).

Table 1: Domain and Competencies Definitions

	Domain 1: Workforce and Capacity
Diversity & Inclusion	Recruit, hire, and develop a professional workforce that reflects the populations served and communities facing health inequities.
Dedicated Equity Staff	Hire staff dedicated to equity and establish staff capacity centered on equity.
Training, Development, and Support	Provide opportunities for staff to learn and discuss equity topics and incorporate their learning into practice.
	Domain 2: Collaborative Partnerships
Structures to Build Collaboration	Establish vehicles and venues to support/develop meaningful collaboration.
Community Based Organization (CBO) & Resident Engagement	Build trust with the community/residents through transparent and inclusive communication, respectful co-learning, and leveraging community expertise to inform equitable practices.
Partner Across Sectors	Collaborate with other agencies and organizations across sectors to amplify equity and address the root causes related to the environmental, social, and economic conditions which impact health (social determinants of health).

	Domain 3: Equity in Organizational Policies & Practices
Organizational Commitment	Organizational commitment to equity (race/ethnicity, disability status, age, socioeconomic status, etc.) is seen and felt internally and externally; reinforced in culture and communication.
Funding and Resource Allocation	Strategically direct staff resources and funding to build organizational capacity to address equity and to focus resources on ways that benefit communities experiencing greatest inequities.
Embed Equity Principles	Integrate equity principles throughout the organization's programmatic and operational plans, policies, and procedures, including budget, human resources, procurement, data, and decision-making.
	Domain 4: Planning & Shared Decision making
Data Collection and Usage	Collect data to reflect the experience of communities impacted by inequities and make it accessible to the community for shared use in policy and program planning.
Shared Analysis	Conduct shared analysis with staff, multisector partners, and community/residents to explore the root causes of problems and co-develop strategies and solutions.
Inclusive Decision-making	Include community members/residents and stakeholders in key decisions about program, policy planning, and evaluation activities.

Assessment Scale & More

Each competency is measured by three levels of progression—**Early, Established, and Strong**—on a scale from 1 through 6 (Figure 2).

Figure 4: Assessment Scale

Early		Established		Strong	
1	2	3	4	5	6
Not yet, or learning stage	Planned but not started or in initial/pilot stages of implementation	Working towards this but not fully achieved	Fully Achieved	In place with evidence of its use (e.g., policies, procedures, robust evaluation plan)	Practices are sustainable and ongoing and may be shared with others as “best practices”

For the 2024 assessment cycle, LHJs received an updated Organizational Assessment tool, highlighting the assessment scale, with expansion of each stage giving examples to further differentiate the rating scales within each stage (i.e. a 1 rating versus a 2 rating within the Early Stage). The examples provided were not meant to be an exhaustive list of equity-related work and are also subject to interpretation as each county differs vastly from the next (see Appendix 2 for full assessment). In addition, it was emphasized that the

intention was not to evaluate their work; “Early” is not synonymous with “bad” and “Strong” does not necessarily mean “good.” In the assessment, Local Health Jurisdictions were asked to select the number with which their organization is most aligned. The LHJs were asked to compare the scope and depth of their activities relative to the examples. An optional text box was included with each competency to add more detail and explanation to the choice.

Lastly, LHJs were asked to choose two or three competencies to prioritize in the future, by selecting numerical competency levels according to the assessment scale. At the end of the assessment, LHJs were also asked to describe the strengths that their organization demonstrates relating to equity and the process that they used to fill out the assessment in optional short paragraphs.

Strengths & Limitations of Assessment

One strength of this assessment is the short and concise survey format—participants were able to easily fill out the survey online and copy the questions into another format to share within their organization for wider input. The use of SurveyMonkey to submit responses also allowed LHJs to freely access their survey and continue at a later time—leading to a high response rate of 93% (57 out of 61 submissions). Regional response rates were also high in the 2024 assessment, including a 100% response rate for the Greater Sierra Sacramento region. This allows for an opportunity for comparison of results both individually in the LHJs and across the region for 3 annual assessment cycles. Overall, feedback from LHJs revealed that the assessment is a helpful tool to discuss the future of local equity work.

The assessment is not without limitations. First, is the potential of desirability bias (tendency to answer in a way that will be favorable to others). While results are deidentified and CDPH assured LHJs that results would not have any negative repercussions, there is always the possibility of skewed answers.

Second, is LHJs have different approaches to completing the assessment, as CDPH does not require a specific approach (given that each LHJ is structured differently). LHJs can fill out the assessment using different methods, including having their health equity coordinator fill out the assessment individually; conducting key informant interviews with staff; and having multiple staff take the assessment and then aggregate scores. This variation in approaches means that scores between LHJs are not entirely comparable given the differing methods and perspectives of LHJs completing the assessment. Some LHJs reported limited staffing capacity and pressing priorities such as emergency response to wildfires as barriers to participation in this assessment cycle. Lastly, not all of the same 57 LHJs completed the assessment in 2024 compared to 2023, causing the scores to shift with different LHJs participating.

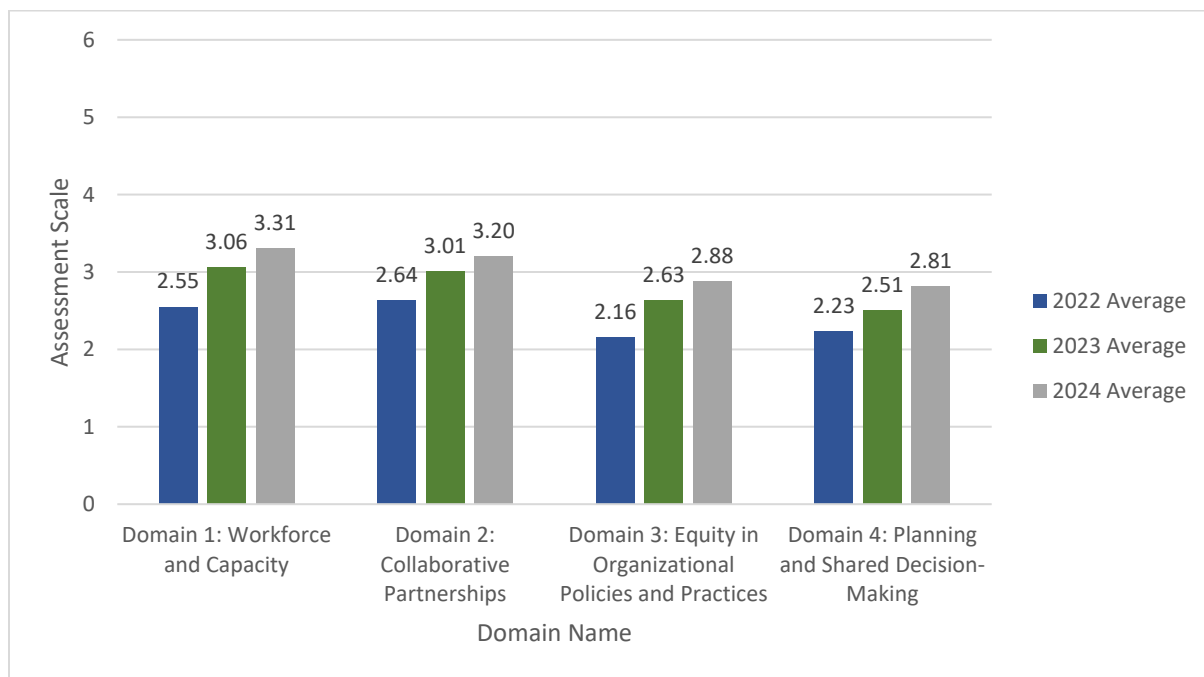
Statewide Results

Submissions from 57 out of 61 Local Health Jurisdictions are analyzed to determine the progress of equity infrastructure across California.

This section outlines key highlights of the state's domain averages, competency averages, competency priorities, and regional strengths with comparison to 2023 results when applicable. Lastly, this section will outline a high-level comparison of the baseline results from 2022, to the most current data collected in 2024.

Statewide Domain Averages

Figure 5: Statewide Domain Average Results 2022-2024



Statewide Domain Average Highlights

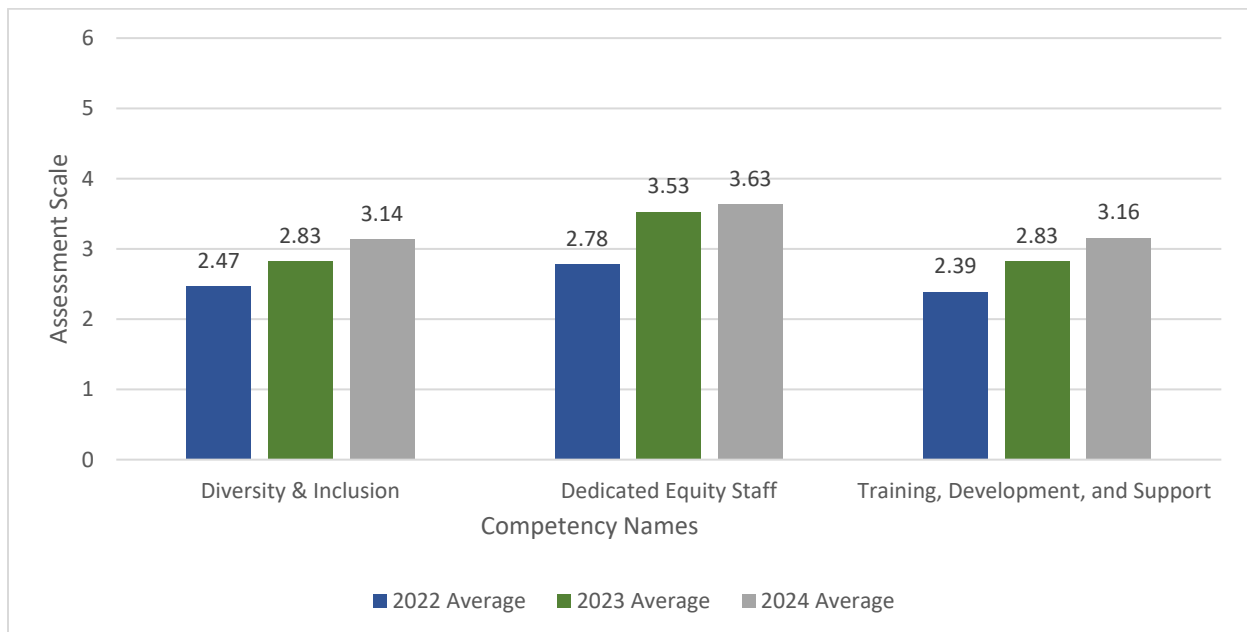
- All four domain averages have improved since the 2022 baseline assessment.
- Domains 1 and 2 remain in the Established level (3-4) of development in 2024.
- In all three years, Domains 3 and 4 are in the Early level (1-2) of development.

- Domain 4 saw the largest improvement in one year with a 0.30 average increase (from 2.51 in 2023).
- Domains 1 and 3 saw similar improvement from 2023 with a 0.25 average increase followed by Domain 2 which had a 0.19 average increase in the last year.

Statewide Competency Averages

This section examines the three competency averages within each of the four domains over the past three years. The four figures below show that all twelve competency averages have improved since the 2022 baseline assessment in which all twelve competencies had averages in the Early level (1-2) of development. One year after the baseline assessment, all twelve competency averages improved, but only two competencies moved from an Early level (1-2) to an Established level (3-4) of development in 2023. Following the 2023 assessment, six competencies moved from an Early level (1-2) in 2023 to an Established level (3-4) of development in 2024. Eight competencies have averages in the Established level (3-4) of development in 2024 with the remaining four competencies having averages in the Early level (1-2). Competency averages for the entire state are as follows:

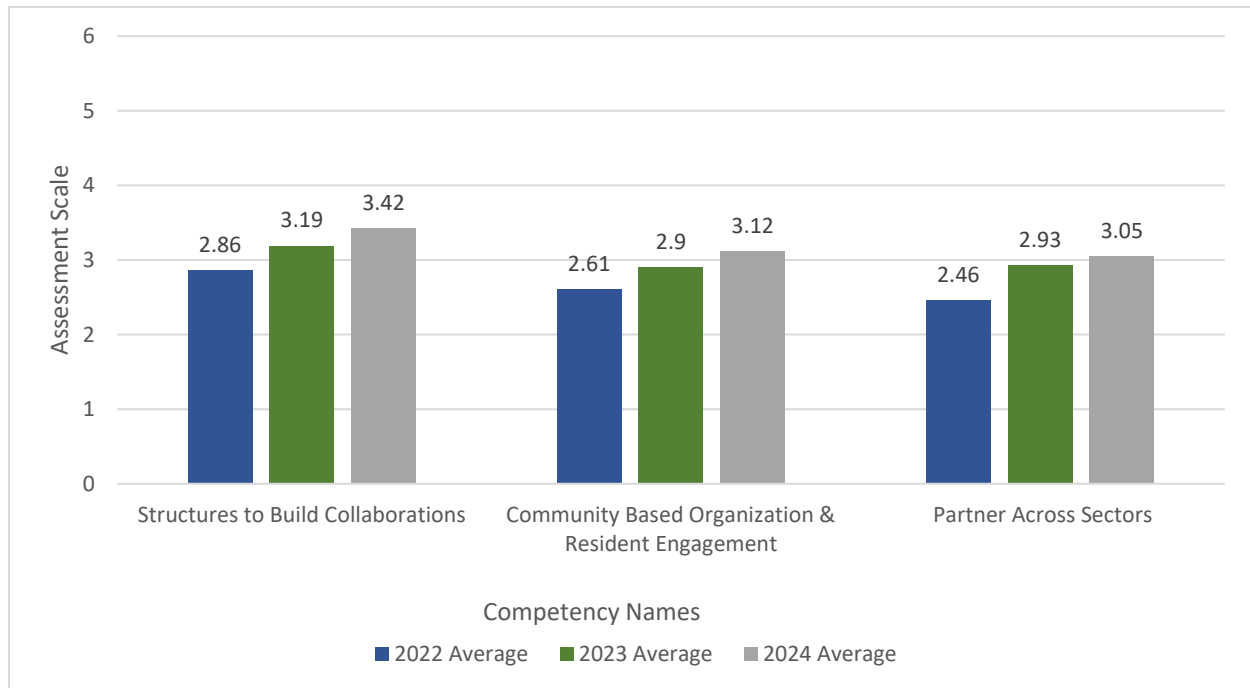
**Figure 6: Statewide Domain 1 (Workforce and Capacity)
Competency Averages 2022-2024**



- In all three years, **Dedicated Equity Staff** (3.63) is the most developed competency overall. This competency saw a 0.10 average increase (from 3.53 in 2023) in the last year.

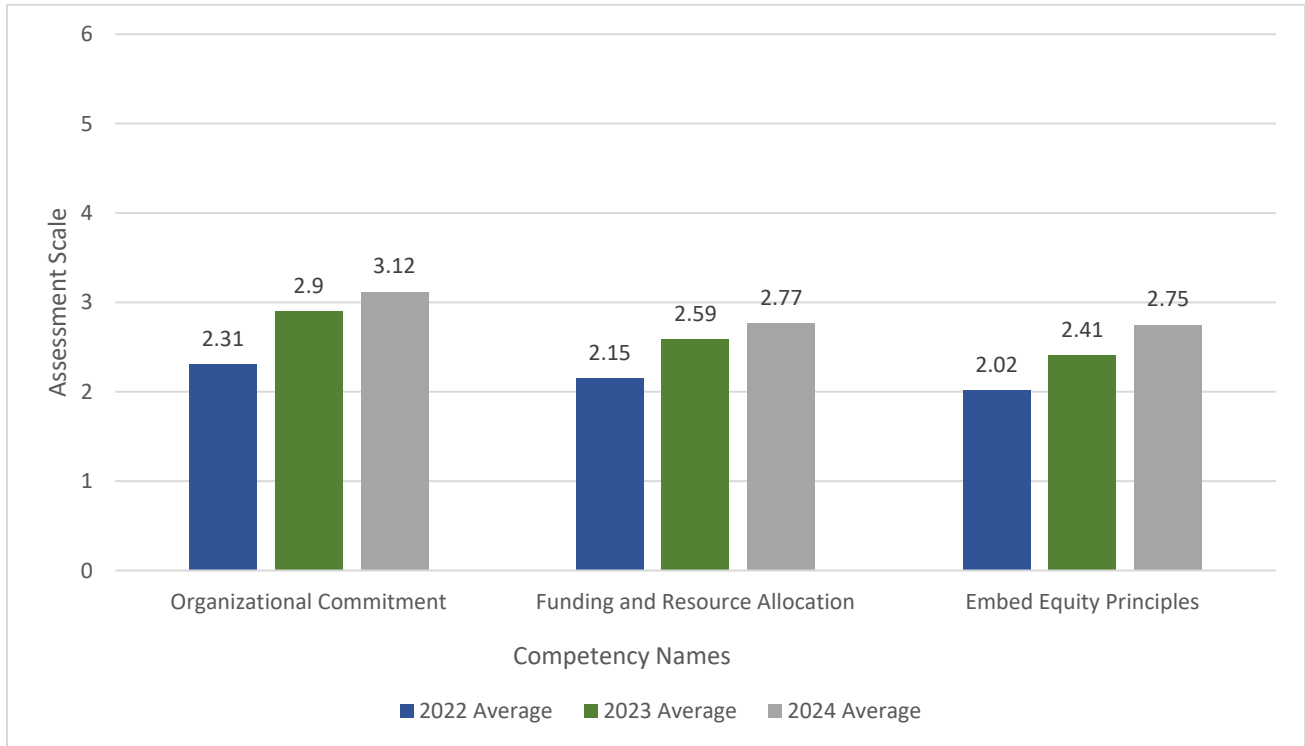
- **Training, Development, and Support** (3.16) saw the largest improvement in Domain 1 with a 0.33 average increase (from 2.83 in 2023) followed closely by **Diversity and Inclusion** (3.14) which saw a 0.31 average increase (from 2.83 in 2023).
- Both **Diversity and Inclusion** (3.14) and **Training, Development, and Support** (3.16) progressed into the Established level (3-4) of development from the Early level (1-2) in 2022 and 2023. All competencies in Domain 1 have averages in the Established level (3-4).

Figure 7: Statewide Domain 2 (Collaborative Partnerships)
Competency Averages 2022-2024



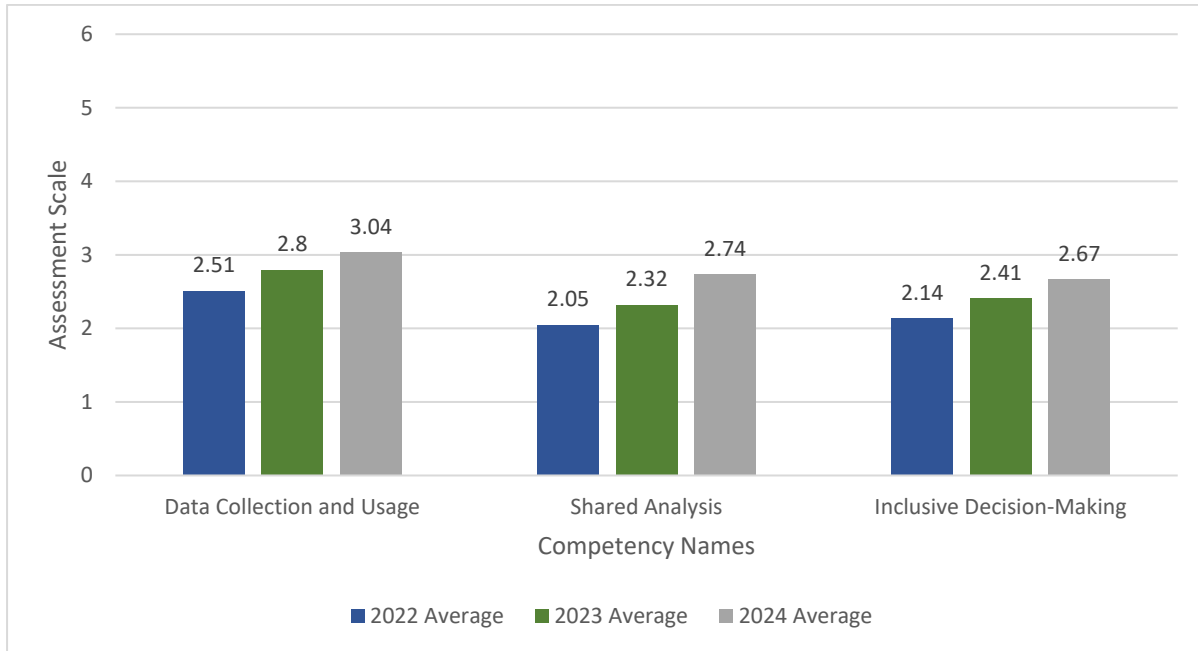
- In 2024, **Structures to Build Collaboration** (3.42) saw the largest improvement in Domain 1 with a 0.23 increase from the previous year followed closely by **Community Based Organization and Resident Engagement** which had a 0.22 increase in the last year.
- **Community Based Organization and Resident Engagement** (3.12) moved into the Established level (3-4) of development in 2024 with a 0.23 average increase (from 2.9 in 2023).
- **Partner Across Sectors** (3.05) also moved into Established level (3-4) of development in 2024 with a 0.14 average increase (from 2.93 in 2023). All three competencies in Domain 2 have averages in the Established level (3-4).

**Figure 8: Statewide Domain 3 (Equity in Organizational Policies and Practices)
Competency Averages 2022-2024**



- **Organizational Commitment** (3.12) is the only competency in Domain 3 to progress into the Established level (3-4) of development in 2024.
- **Embed Equity Principles** (2.75) saw the largest improvement in Domain 3 with a 0.34 average increase (from 2.41 in 2023).
- Both **Funding and Resource Allocation** (2.77) and **Embed Equity Principles** (2.75) remain in the Early level (1-2) of development from 2022 and 2023.

**Figure 9: Statewide Domain 4 (Planning and Shared Decision-Making)
Competency Averages 2022-2024**



- **Inclusive Decision-Making** (2.67) became the least developed competency overall in 2024, replacing **Shared Analysis** (2.74) from previous cycles.
- In all three years, **Shared Analysis** (2.74) and **(Inclusive Decision-Making)** (2.67) remain the two least developed competencies overall.
- **Data Collection and Usage** is the only competency in Domain 4 that shifted into the Established level (3-4) of development with a 0.24 average increase (2.8 in 2023).

[See Appendix 1 for a breakdown of 2024 competency averages.](#)

Statewide LHJ Competency Priorities

Table 1 shows the competency priorities selected by 57/61 participating LHJs; each LHJ selected up to three competencies to prioritize in 2024. Cells shown in blue are the top three competency priorities selected for each year. The percentages represent the number of LHJs that selected the competency as a priority out of the total number of LHJs in the state participating in the 2024 assessment (57).

Table 3: Statewide LHJ Competency Priorities in 2022-2024

Competency Name	2022 Percentage (%)	2023 Percentage (%)	2024 Percentage (%)
Diversity and Inclusion	14%	15%	14%
Dedicated Equity Staff	20%	10%	9%
Training, Development, and Support	59%	58%	41%
Structures to Build Collaboration	12%	17%	20%
Community Based Organization and Resident Engagement	20%	34%	29%
Partner Across Sectors	17%	17%	9%
Organizational Commitment	14%	10%	14%
Funding and Resource Allocation	19%	14%	23%
Embed Equity Principles	39%	37%	30%
Data Collection and Usage	22%	24%	27%
Shared Analysis	10%	14%	18%
Inclusive Decision-Making	36%	36%	39%

- Since the 2022 baseline assessment, LHJs have selected **Training, Development, and Support**, **Embed Equity Principles**, and **Inclusive Decision-making** as statewide competency priorities. This is a clear message that these three competencies are the main priority for LHJs and will continue to be for some time. The competency priorities across all three assessment cycles remain unchanged with notable comparisons from 2023 to 2024:
 - Training, Development, and Support** decreases as an LHJ priority by 17% from 2023 to 2024 and is the third most developed competency in 2024.
 - Embed Equity Principles** decreases as an LHJ priority by 7% from the previous year whereas **Funding and Resource Allocation** increases by 9% of

LHJs that selected this competency as a priority. The increase in percentage for the competency **Funding and Resource Allocation** is not large enough to replace **Embed Equity Principles** as top priority.

- **Inclusive Decision-making** increases by 3% as an LHJ priority that select it as a priority and is the least developed competency in 2024. **Inclusive Decision-Making** was selected by 36% of the number LHJs in both the 2022 and 2023 assessments.

The Equity TA Team will prioritize Training, Development, and Support, Embed Equity Principles, and Inclusive Decision-Making for the 2025 technical assistance services, and continue to use the competency priorities and averages to plan for 2025 at a statewide level. Regional results described below will also continue to help to inform regional technical assistance services.

Regional Results

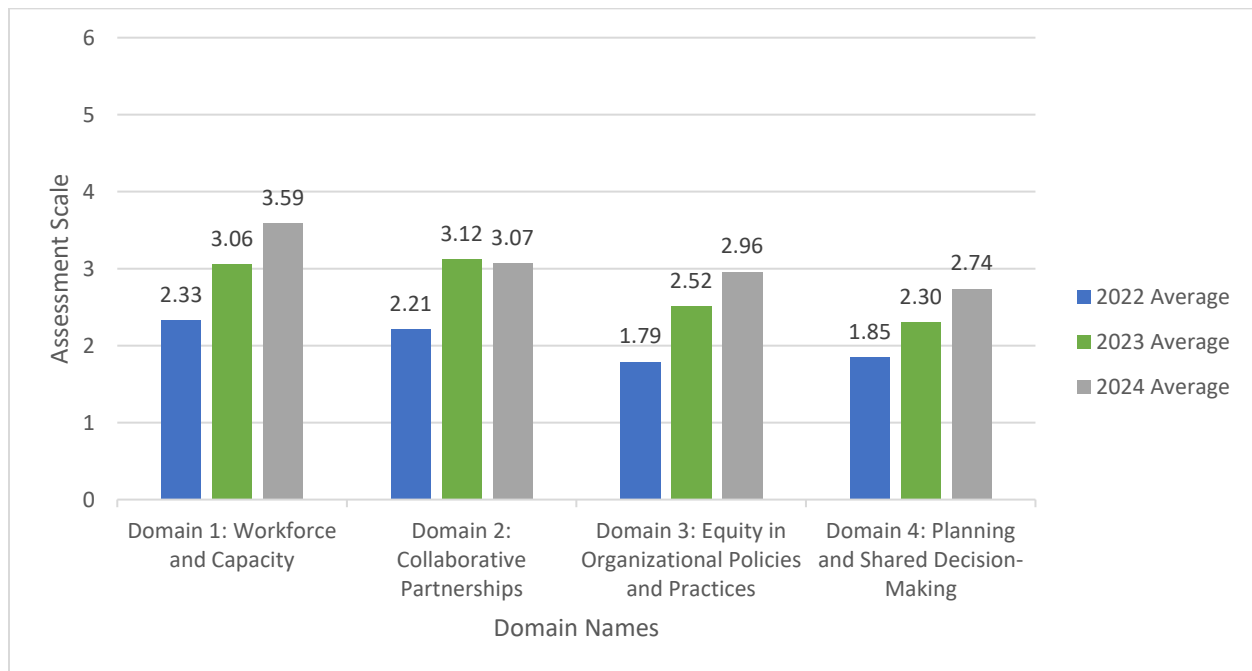
Rural North Highlights

The Rural North region consists of 11 Local Health Jurisdictions: Del Norte, Glenn, Humboldt, Lake, Lassen, Mendocino, Modoc, Shasta, Siskiyou, Tehama, and Trinity. Nine out of the 11 LHJs in the Rural North region completed the Organizational Assessment.

This section will outline key highlights of the Rural North's 2024 domain averages, competency averages and priorities, and regional strengths with comparison to 2023 results when applicable. Lastly, this section will also outline a high-level comparison of the baseline results from 2022, to the most current data captured in 2024.

Rural North Domain Averages

Figure 10: Domain Averages for the Rural North



Rural North Domain Average Highlights

- Two out of the four 2024 domain averages for the Rural North region are slightly lower than Statewide averages, while two domains are slightly higher. This indicates that from 2023 to 2024 the region became slightly more developed than the state in domains 1 and 3:

- Domain 1 average: 3.59 Rural North vs 3.31 State
- Domain 2 average: 3.07 Rural North vs 3.20 State
- Domain 3 average: 2.96 Rural North vs 2.88 State
- Domain 4 average: 2.74 Rural North vs 2.81 State
- Three out of the four domains had an upward progression in 2024 compared to the previous year.
- Subsequently, all domains have had an upward progression in comparison from the baseline assessment taken in 2022.
- In 2024, Domain 1 is the most developed domain. In 2023, Domain 2 was the most developed domain. For all four domains, there was no change in development levels. Domains 1 and 2 remain in the Established level (3-4) of development in 2024. Domain 3 and Domain 4 remain in the Early level (1-2) of development but improved overall in averages.
- Domain 1 saw the most improvement in 2024, with an average increase of 0.53.

Rural North Competency Averages

This section further examines each domain by looking at the three competency averages within all four domains.

**Figure 11: Rural North Domain 1 (Workforce and Capacity)
Competency Averages 2022-2024**

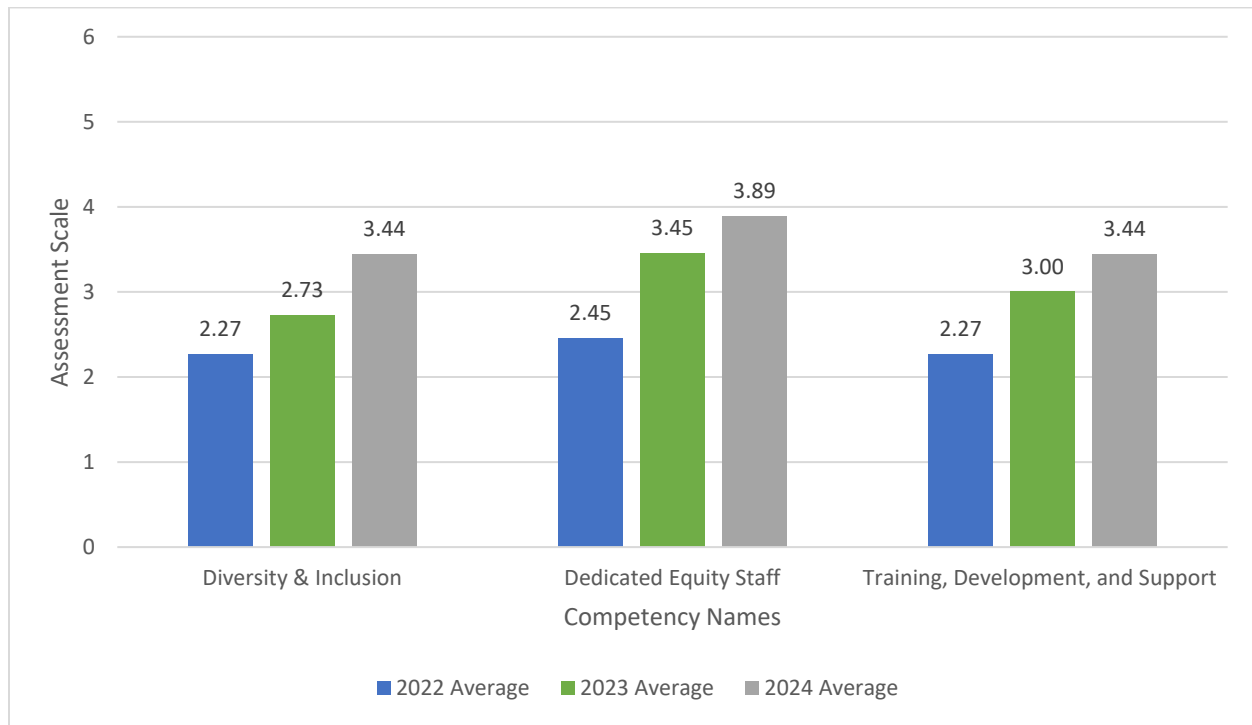


Figure 12: Rural North Domain 2 (Collaborative Partnerships) Competency Averages 2022-2024

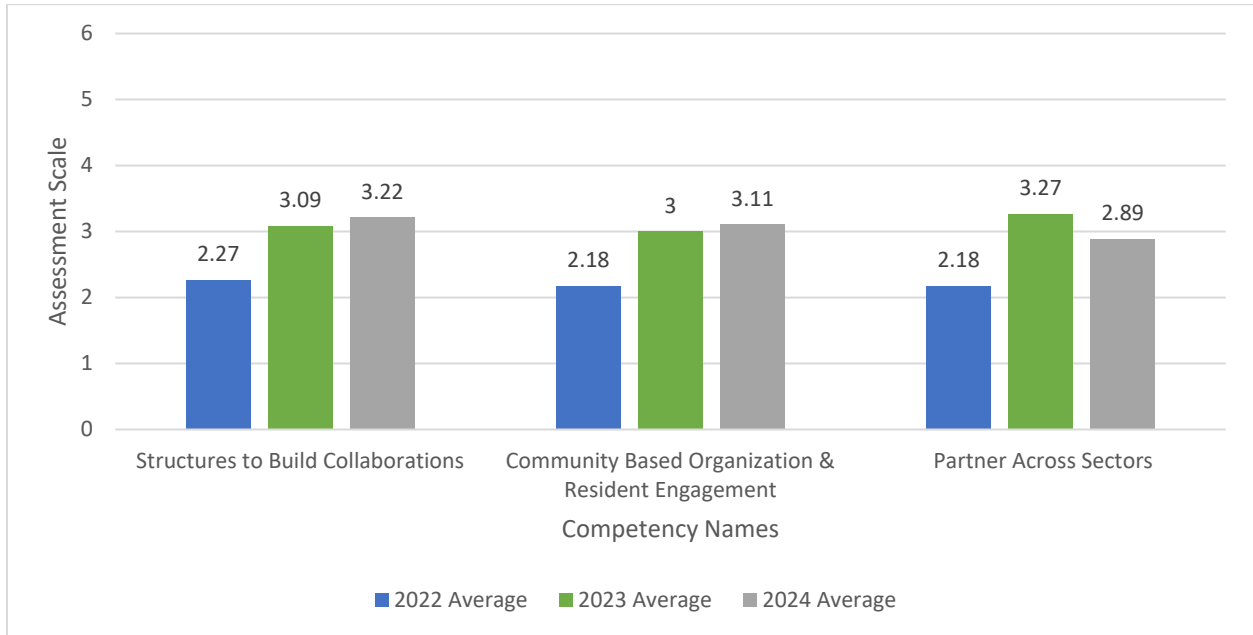


Figure 13: Rural North Domain 3 (Equity in Organizational Policies and Practices) Competency Averages 2022-2024

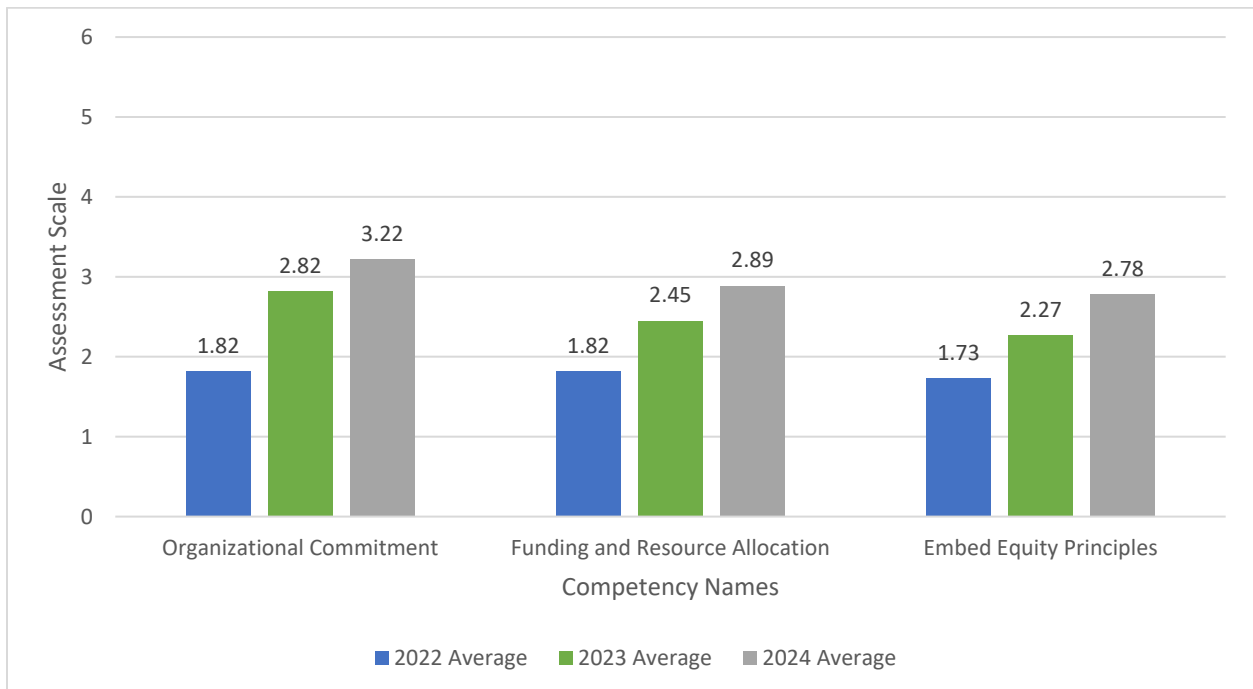
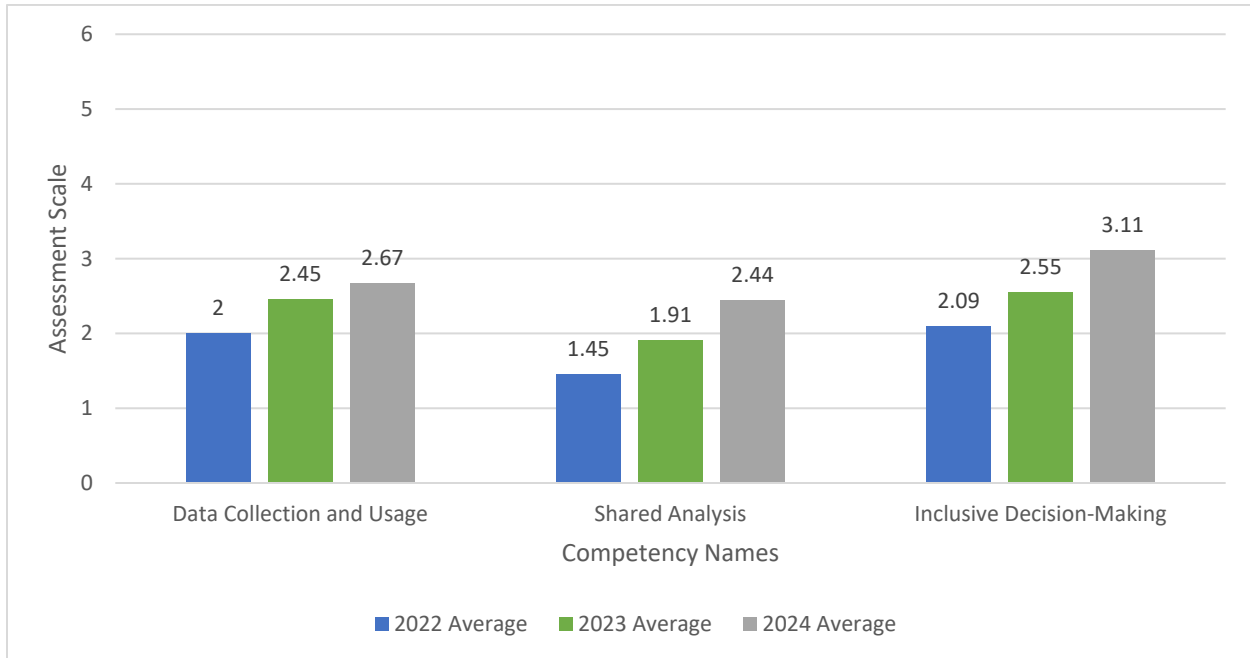


Figure 14: Rural North Domain 4 (Planning and Shared Decision-Making) Competency Averages 2022-2024



Rural North Competency Highlights

- From 2023 to 2024, 11 out of the 12 competency averages showed steady increases. The competency average for **Partner Across Sectors** increased from 2022-2023 and decreased slightly in 2024.
- **Dedicated Equity Staff** is the most developed competency for 2023 (3.45) and 2024 (3.89). **Shared Analysis** (2.44) continues to be the competency with the least development.
- The largest increase from 2023 to 2024 was in Domain 2. **Diversity and Inclusion** (3.44) saw the largest improvement of all twelve competencies (0.71 increase from 2.73 in 2023 to 3.44 in 2024).

[See Appendix 2 for a breakdown of 2024 competency averages.](#)

Rural North Competency Priorities

Table 4: Rural North Competency Priorities in 2022-2024

Competency Name	2022 Percentage (%)	2023 Percentage (%)	2024 Percentage (%)
Diversity and Inclusion	18%	18%	22%
Dedicated Equity Staff	45%	18%	22%
Training, Development, and Support	36%	55%	44%
Structures to Build Collaboration	18%	9%	22%
Community Based Organization and Resident Engagement	18%	45%	33%
Partner Across Sectors	9%	18%	11%
Organizational Commitment	18%	0%	11%
Funding and Resource Allocation	27%	9%	11%
Embed Equity Principles	36%	45%	22%
Data Collection and Usage	36%	36%	22%
Shared Analysis	9%	27%	11%
Inclusive Decision-making	18%	9%	33%

Table 4 shows the competency priorities selected by the 9 LHJs in the Rural North. Each LHJ selected up to three competencies to focus on in 2024. Cells shown in blue are the three competencies selected by the largest number of LHJs by region in each year. Two of the Rural North region’s competency priorities align with that of the State: **Training, Development, and Support** and **Inclusive Decision-Making**.

Over the course of one year, a shift in the competency priorities is evident, offering greater clarity on the priorities for 2024. **Training, Development, and Support** (44%) remains the top competency priority for the region. **Community Based Organization and Resident Engagement** (33%) and **Inclusive Decision-Making** (33%) tie for the second competency priority for the region. **Community Based Organization and Resident Engagement** remains the second top competency priority for the region for two consecutive years. **Inclusive Decision-Making** is the newly selected second competency priority for the region with an increase of 24% from 2023.

In 2024, many Rural North LHJs stated that equity-focused trainings are available and ongoing, staff generally receive support to take them, and therefore actively participate in them. Rural North LHJs also indicated that additional steps to improve **Training, Development, and Support** have been taken—including the development of equity tools, creation of affinity groups and launch of a racial equity training series specifically for leaders to build on their foundational skills. Finally, the Rural North region stressed that

the lack of sustainable funding for equity-specific trainings remains a challenge, hindering their ability to provide variety in learning activities. Due to limited resources, trainings are often limited to those that are free, virtual and/or recorded which restrict the ability of staff to advance their skillset.

Rural North LHJs chose **Community Based Organization and Resident Engagement** as a competency priority in part due to their ongoing efforts to reestablish trust that was lost during the COVID-19 pandemic between public health organizations and community members. LHJs in the Rural North region emphasized that staff regularly attend and engage the community at townhall meetings, Board of Supervisors meetings, community planning committees and at various other community events. LHJs indicated that they engaged residents regularly through various data collection methods conducted during the community health assessment (CHA) process and that they have increased engagement through social media communication. Several LHJs in the Rural North region acknowledged that there are still opportunities for growth in this competency and renewed their commitment to working towards meaningful and transformational community engagement practices.

Several LHJs expressed that they have improved in **Inclusive Decision-Making** over the past year. LHJs left comments detailing their efforts to include residents and other partners in key decision-making: community engagement efforts during the CHA/ CHIP development process, their active participation in coalitions, the successful passing of a policy which integrated community feedback. Overall, LHJs in the Rural North expressed that they are still in the early stage of integrating residents and partners into the program development process, citing funding and limited resources as barriers to achieving significant progress in this area.

The Rural North LHJs selection of their third top competency was evenly split among five different competencies: **Diversity and Inclusion, Dedicated Equity Staff, Structures to Build Collaboration, Embed Equity Principles and Data Collection and Usage**. Under these circumstances, 2 LHJs selected each one of these competencies as a priority resulting in a five-way tie. This indicates that the region is not a monolith; competency priorities do differentiate across different jurisdictions, even in the same region.

Rural North Strengths

Of the 9 LHJs in the Rural North, 3 LHJs provided short answers about their organization's equity strengths. Common themes from these answers are as follows:

- Two of the LHJs in the Rural North commented that having a dedicated equity staff as part of an organization that has historically implemented equity-focused initiatives is one of their greatest strengths.
- One LHJ remarked about its unique ability to retain staff long-term; There are several staff members who have served at the organization for decades. Therefore, the local historical knowledge that those staff possess is seen as invaluable in improving rural health and equity.

Quotes

“Meaningful collaboration is established in multiple program areas, with strong vehicles for engagement, including multiple coalitions and collaboratives focuses on multiple topics that impact communities” - Trinity County

“We have built strong trust between the community and the Public Health Branch. We leverage community/resident expertise to advance health equity within programs” - Del Norte County

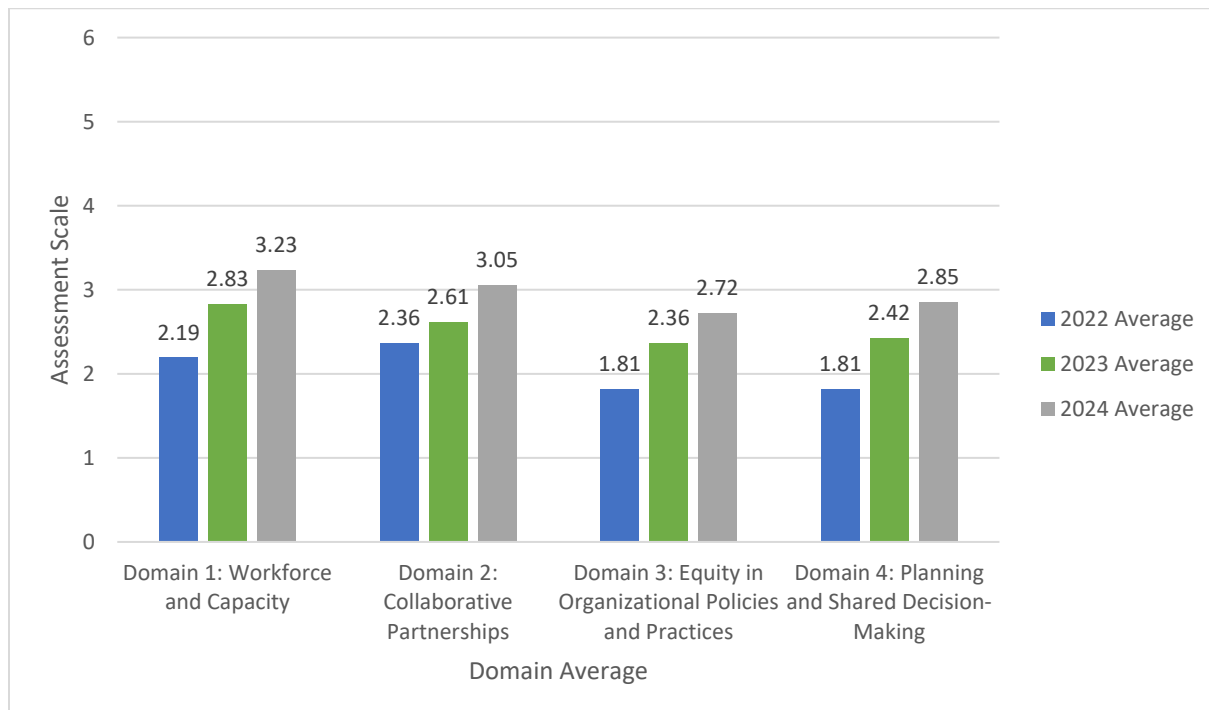
Greater Sierra Sacramento Highlights

The Greater Sierra Sacramento (GSS) region consist of 13 counties: Alpine, Amador, Butte, Colusa, El Dorado, Nevada, Placer, Plumas, Sacramento, Sierra, Sutter, Yolo, and Yuba. All 13 LHJs in Greater Sierra Sacramento completed this assessment.

This section will outline key highlights of the GSS region’s 2024 domain averages, competency averages and priorities, and regional strengths with comparison to 2023 results when applicable. Lastly, this section will also outline a high-level comparison of the baseline results from 2022, to the most current data captured in 2024.

Greater Sierra Sacramento Domain Averages

Figure 15: Domain Average Results for the Greater Sierra Sacramento Region



Greater Sierra Sacramento Domain Highlights

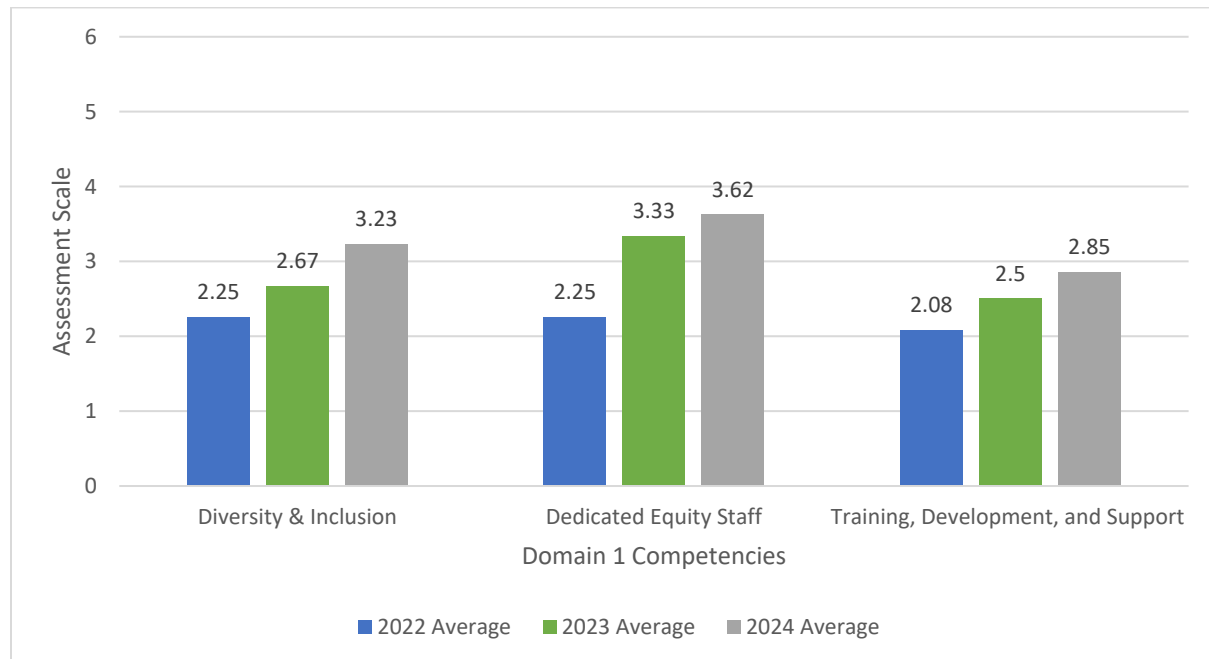
- Three out of the four 2024 domain averages for the GSS region are slightly lower than the Statewide averages, while Domain 4 is slightly higher than the state.
 - Domain 1 average: 3.23 GSS vs 3.31 State
 - Domain 2 average: 3.05 GSS vs 3.20 State
 - Domain 3 average: 2.72 GSS vs 2.88 State

- Domain 4 average: 2.85 GSS vs 2.81 State-
- All four domains had an upward progression from 2023. Both Domain 1 and 2 moved into the Established level (3-4) of development this year.
- Domain 3 continues to be the least developed domain for the region but had a 0.91 average increase since 2022.
- In 2024, Domain 1 continues to be the most developed domain with a 0.40 average increase.
- Domain 2 saw the greatest improvement from 2023 with a 0.44 average increase.

Greater Sierra Sacramento Competency Averages

This section further examines each domain by looking at the three competency averages within the four domains.

Figure 16: Greater Sierra Sacramento Domain 1 (Workforce and Capacity) Competency Averages 2022-2024



**Figure 17: Greater Sierra Sacramento Domain 2 (Collaborative Partnerships)
Competency Averages 2022-2024**

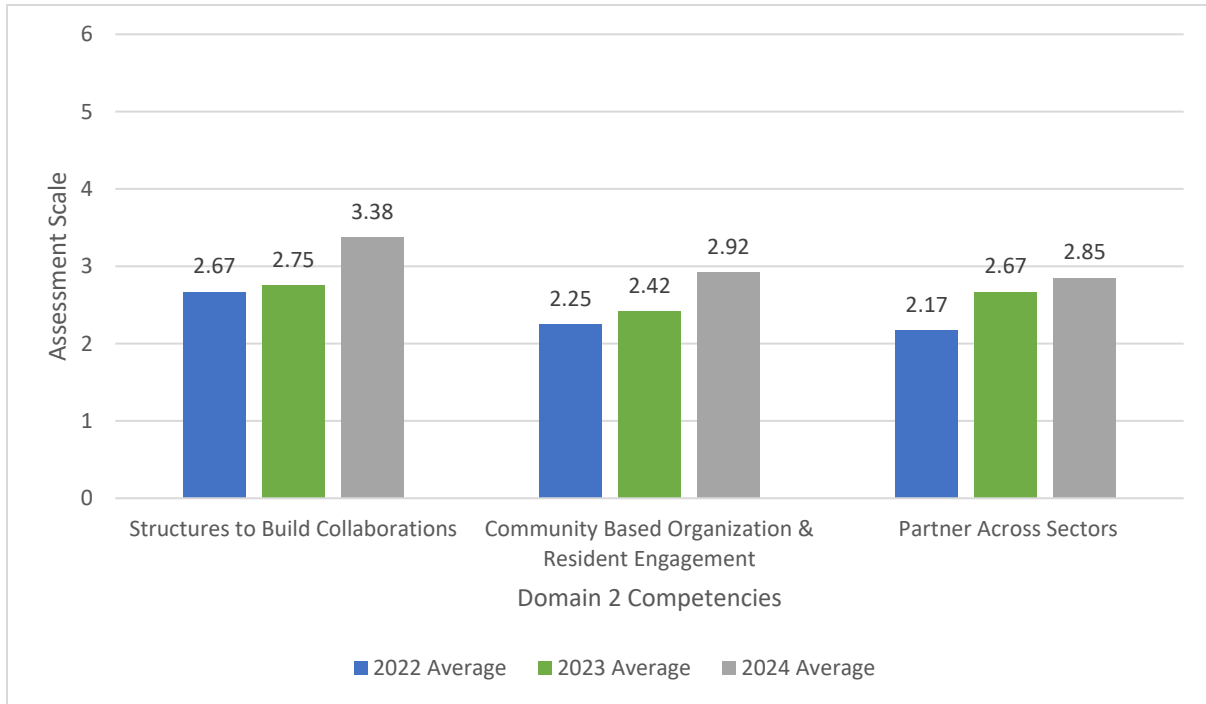
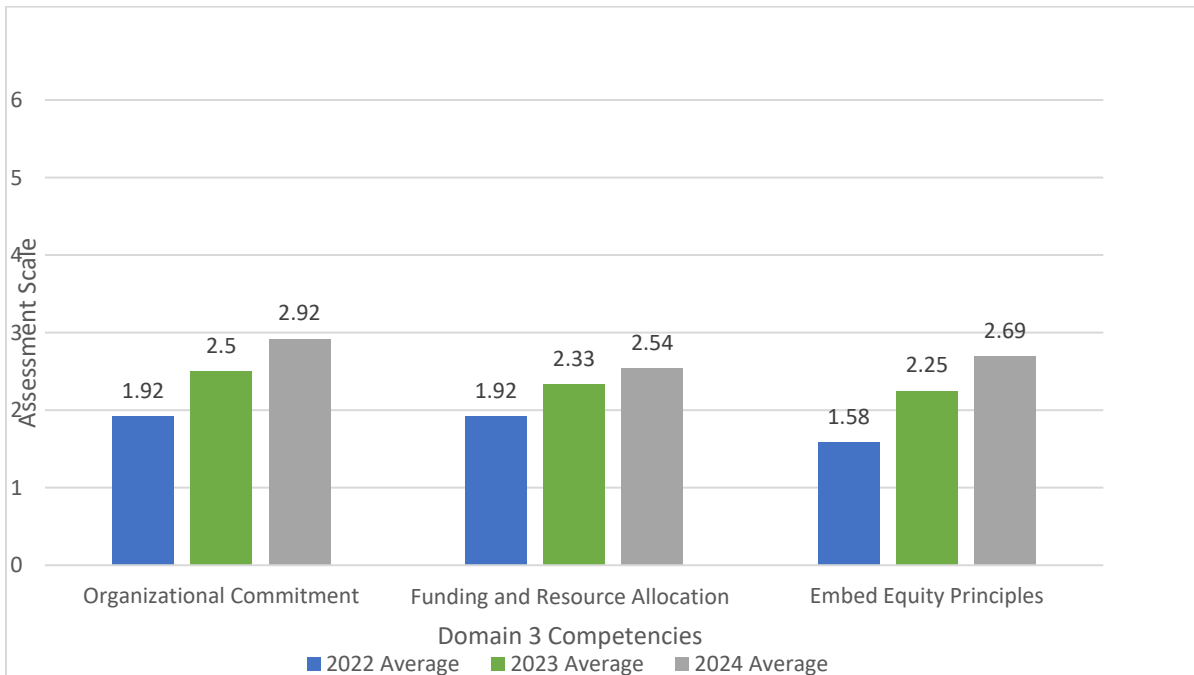
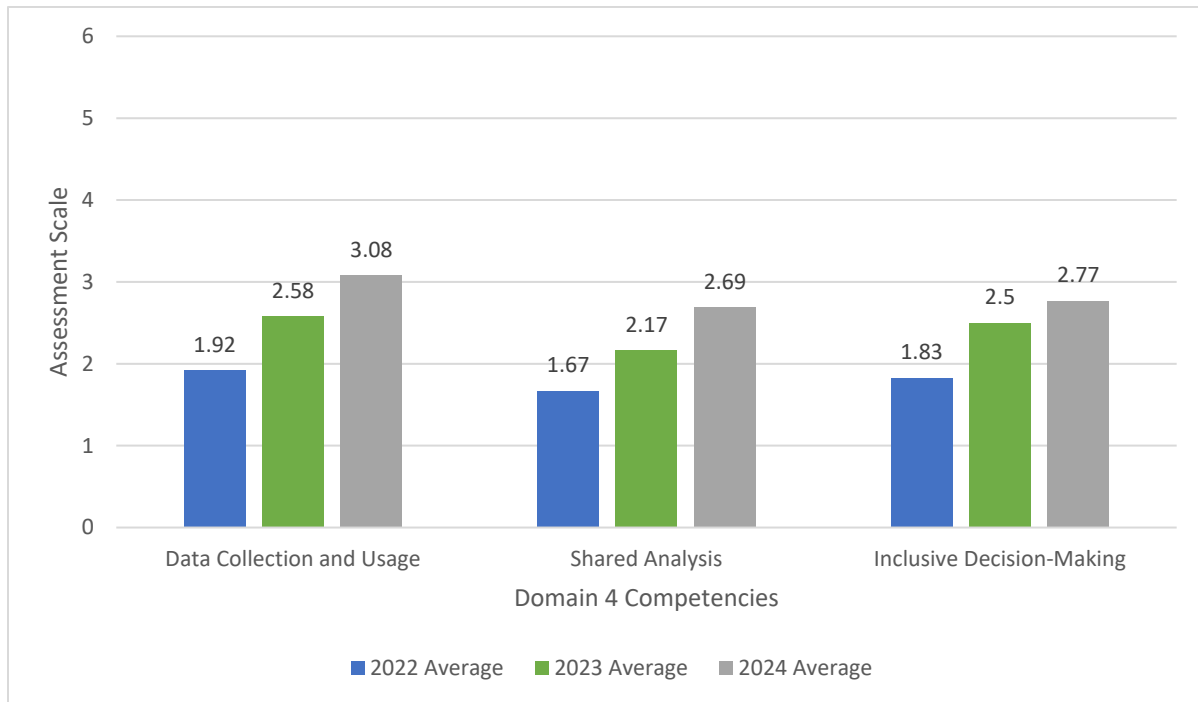


Figure 18 Greater Sierra Sacramento Domain 3 (Equity in Organizational Policies and Practices) Competency Averages 2022-2024



**Figure 19 Greater Sierra Sacramento Domain 4 (Planning and Shared Decision-Making)
Competency Averages 2022-2024**



Competency Highlights

- All 12 competency averages had an upward progression year over year.
- In 2024, **Dedicated Equity Staff** (3.62) is the most developed competency and **Funding and Resource Allocation** (2.54) is the least developed competency.
- In 2023, **Dedicated Equity Staff** (3.33) was also the most developed competency and the only to be in the Established level (3-4) of development while **Shared Analysis** (2.17) was the least developed competency.
- The largest improvement from 2023 to 2024 is Domain 2. **Structures to Build Collaboration** in Domain 2 saw the largest improvement (0.63 average increase).

[See Appendix 3 for a breakdown of 2024 competency averages.](#)

Greater Sierra Sacramento Competency Priorities

Table 5: Greater Sierra Sacramento Competency Priorities

Competency Name	2022 Percentage (%)	2023 Percentage (%)	2024 Percentage (%)
Diversity and Inclusion	0%	8%	15%
Dedicated Equity Staff	0%	8%	8%
Training, Development, and Support	75%	50%	31%
Structures to Build Collaboration	8%	25%	15%
Community Based Organization and Resident Engagement	25%	25%	38%
Partner Across Sectors	17%	33%	23%
Organizational Commitment	8%	17%	8%
Funding and Resource Allocation	8%	17%	15%
Embed Equity Principles	42%	25%	15%
Data Collection and Usage	42%	17%	46%
Shared Analysis	8%	8%	31%
Inclusive Decision-Making	25%	42%	31%

Table 5 shows the competency priorities selected by LHJs, each LHJ selected up to three competencies to focus on in 2024. Cells shown in blue are the three competencies selected by the largest number of LHJs by region in each year. Two of the GSS region competency priorities align with the State: **Training, Development, and Support** and **Inclusive Decision-Making**.

There are slight shifts in the competency priorities from the previous year that provides more definition of the 2024 priorities.

- **Data Collection and Usage** became the top priority for the region with a 29% increase from 2023.
- **Community Based Organization and Resident Engagement** became the second priority for the region whereas last year it was **Inclusive Decision-Making**.
- The third priority for the region is a tie between **Training, Development, and Support**, **Shared Analysis**, and **Inclusive Decision-Making**.

In 2024, **Data Collection and Usage** is a top competency priority for this region since many are working on their Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP). While many LHJs already share the data with the community, they are always looking for ways to ensure the information is written using simple language.

Community Based Organization and Resident Engagement is the second competency priority chosen by the region this year. Many LHJs have strong relationships with CBOs and connect with them regularly to get input on programs and policies. Increasing community engagement and leaning in on the community members expertise is an area a lot of LHJs are looking to improve.

Finally, the GSS region had a tie between **Training, Development, and Support, Shared Analysis**, and **Inclusive Decision-Making** for the third priority. For **Training, Development, and Support**, several LHJs mentioned that they attend equity trainings and workgroups that are open to all staff but there is a concern on how sustain these trainings for the years to come. For **Shared Analysis**, many LHJs are in the CHA/CHIP process and hold strategic planning sessions with CBOs and residents and are looking into implementing more community-driven solutions. For **Inclusive Decision-Making**, some GSS LHJs stated that there can be an improvement and consistency on getting input from community members across all programs.

Greater Sierra Sacramento Strengths

Of the 13 LHJs in Greater Sierra Sacramento, 9 LHJs provided short answers about their organization's equity strengths. Common themes from these answers are as follows:

- Commitment and dedication to advancing equity work forward.
- Strong relationship building and collaborating with partner agencies and the community.

Quotes

"Sacramento County Public Health is committed to advancing racial equity and we are doing that through equity infrastructure development that takes time and intention. We are motivated and recognize our weaknesses, and we are able to own and adjust to improve." - Sacramento County

"We are utilizing equity principles in our work through the development of our first CHIP. We understand the importance of recognizing and addressing any equity needs of our community." - Sierra County

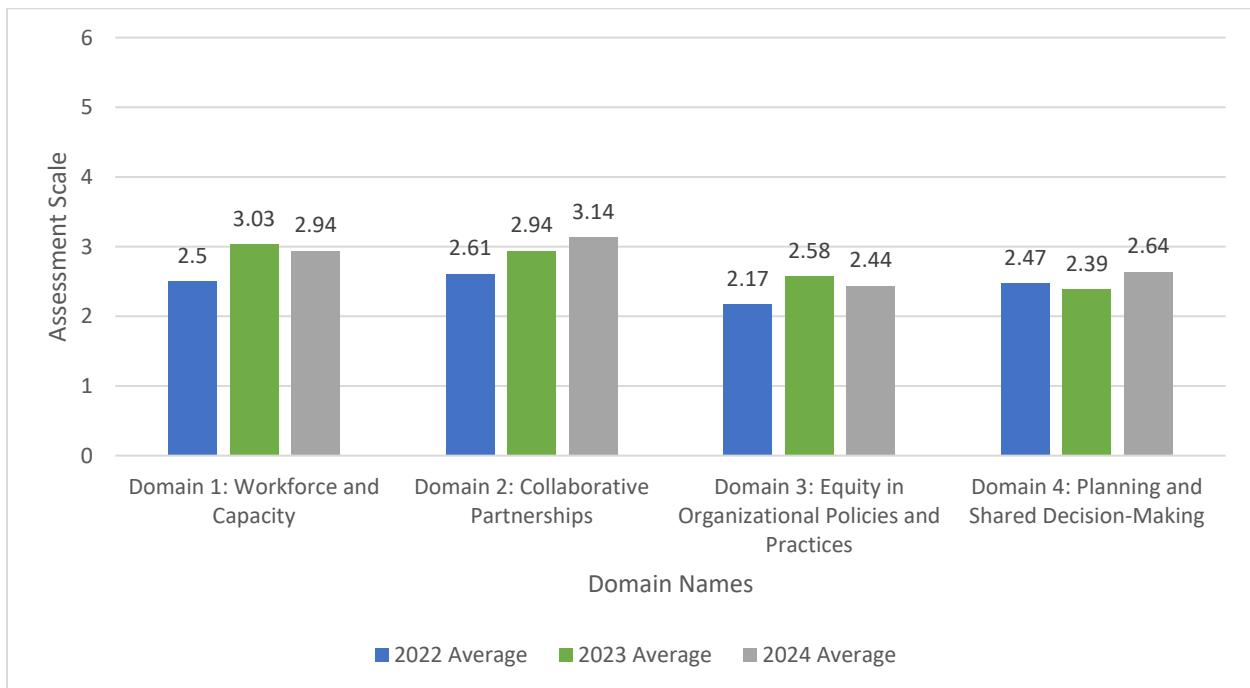
Central California Highlights

The Central California (CA) region consists of 12 Local Health Jurisdictions: Calaveras, Fresno, Kern, Kings, Madera, Mariposa, Merced, San Benito, San Joaquin, Stanislaus, Tulare, and Tuolumne County. All 12 LHJs in the region completed the 2024 organizational assessment.

This section will outline key highlights of the Central CA region's 2024 domain averages, competency averages and priorities, and regional strengths with comparison to 2023 results when applicable. Lastly, this section will also outline a high-level comparison of the baseline results from 2022, to the most current data captured in 2024.

Central California Domain Averages

Figure 20: Central California Domain Average Results 2023-2024



Central California Domain Highlights

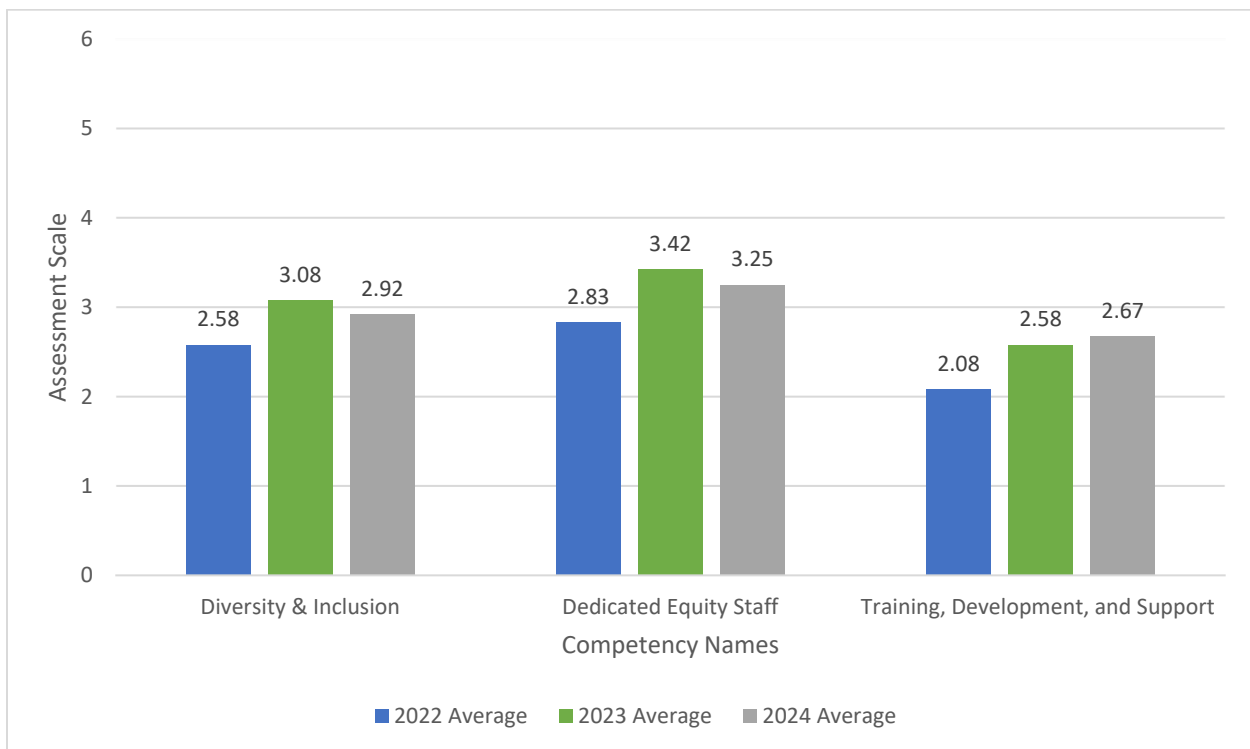
- All four 2024 domain averages for the Central CA region are slightly lower than the Statewide averages, and the same trend was found in 2023:
 - Domain 1 average: 2.94 Central CA vs 3.31 State
 - Domain 2 average: 3.14 Central CA vs 3.20 State
 - Domain 3 average: 2.44 Central CA vs 2.88 State
 - Domain 4 average: 2.64 Central CA vs 2.81 State

- Two of the four domains had an upward progression from 2023.
- Domain 2 shifted into the Established level (3-4) of development in 2024.
- In 2024, Domain 2 is the most developed domain. In 2023, Domain 1 was the most developed domain.
- Domain 3 the least developed domain with a 0.14 average decrease in 2024.
- Domain 4 saw the greatest improvement from 2023 with a 0.25 average increase.

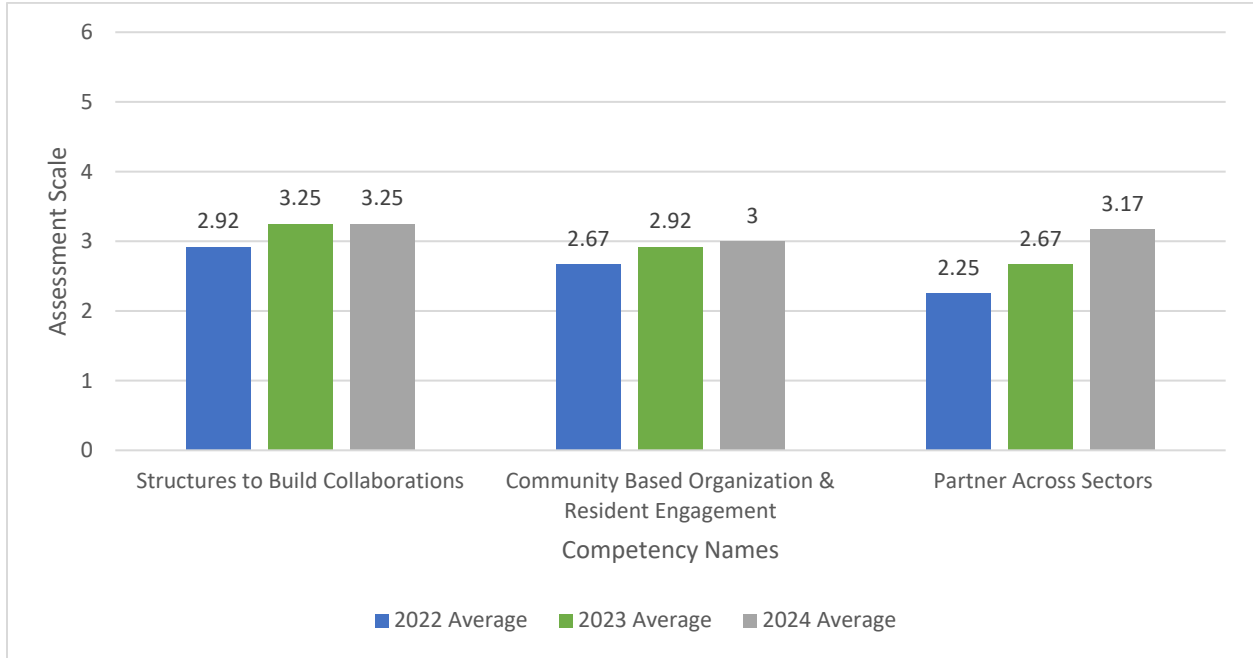
Central California Competency Averages

This section further examines each domain by looking at the three competency averages within the four domains.

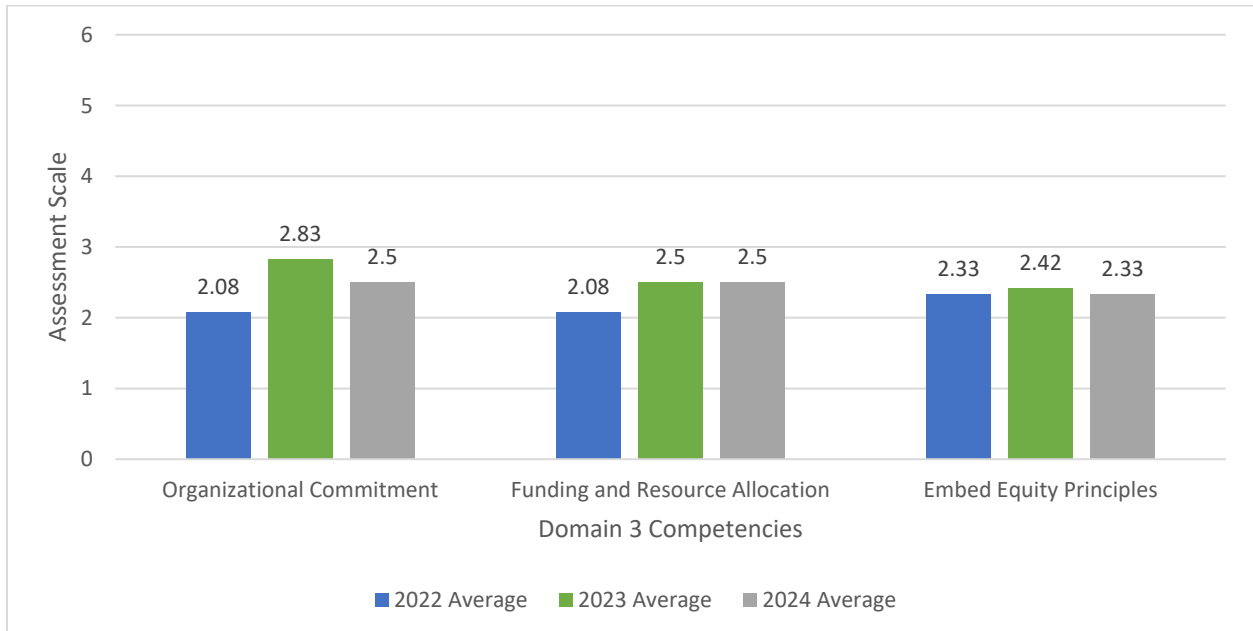
**Figure 21: Central California (Workforce and Capacity)
Competency Averages 2022-2024**



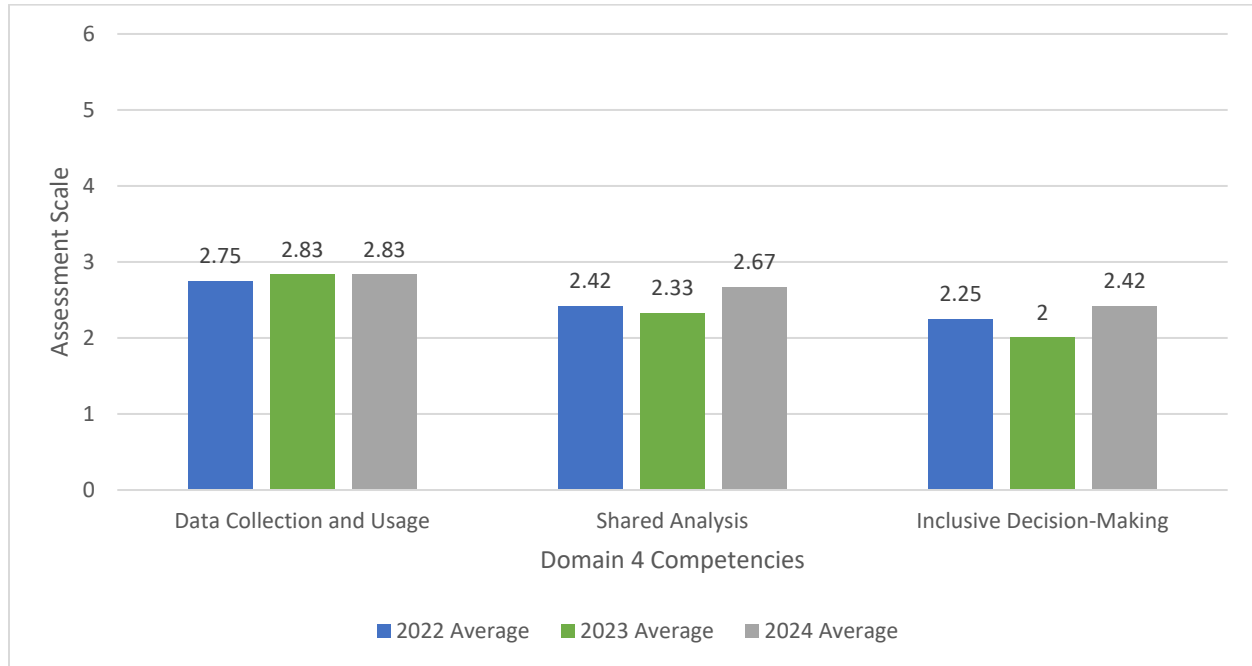
**Figure 22: Central California Domain 2 (Collaborative Partnerships)
Competency Averages 2022-2024**



**Figure 23: Central California Domain 3 (Equity in Organizational Policies and Practices)
Competency Averages 2022-2024**



**Figure 24: Central California Domain 4 (Planning and Shared Decision-Making)
Competency Averages 2022-2024**



Competency Highlights

- 9 out of 12 competency averages increased from the previous year.
- **Dedicated Equity Staff** (3.25) is the most developed competency.
- **Organizational Commitment** (3.22), and **Inclusive Decision-Making** (3.11) shifted into the Established level (3-4) of development.
- The largest increases from 2023 to 2024 were in domains 3 and 4. **Inclusive Decision-Making** saw the largest improvement (0.56 increase from 2.55 in 2023 to 3.11 in 2024). This is followed by **Shared Analysis** also from Domain 4 (0.53 average increase), **Embed Equity Principles** from Domain 3 and **Funding and Resource Allocation** from Domain 3 (0.44 average increase).

[See Appendix 4 for a breakdown of 2024 competency averages.](#)

Central California Competency Priorities

Table 6: Central California Competency Priorities in 2023 & 2024

Competency Name	2022 Percentage (%)	2023 Percentage (%)	2024 Percentage (%)
Diversity and Inclusion	25%	17%	25%
Dedicated Equity Staff	17%	17%	17%
Training, Development, and Support	75%	67%	50%
Structures to Build Collaboration	0%	8%	25%
Community Based Organization and Resident Engagement	8%	42%	25%
Partner Across Sectors	25%	17%	0%
Organizational Commitment	25%	17%	33%
Funding and Resource Allocation	25%	0%	8%
Embed Equity Principles	33%	50%	42%
Data Collection and Usage	17%	25%	17%
Shared Analysis	8%	0%	8%
Inclusive Decision-Making	33%	33%	17%

Table 6 shows the competency priorities selected by LHJs, each LHJ selected up to three competencies to focus on in 2024. Cells shown in blue are the three competencies selected by the largest number of LHJs by region in each year. Two of the three top competency priorities selected by the Central CA region align with the State: **Training, Development, and Support** and **Embed Equity Principles**.

There are slight shifts in the competency priorities from the previous year that provides more definition of the 2024 priorities.

- While **Training, Development, and Support** remains the top competency priority for the region this year, the percentage of LHJs selecting this as a top priority decreased in 2024.
- **Embed Equity Principles** is the second competency priority for the region, however decreasing from the previous year,
- **Organizational Commitment** is a newly selected competency priority with a significant increase from 2023.

Local Health Jurisdictions within the Central CA region has expressed a continued need for further **Training, Development, and Support** to continue equity development in 2024.

LHJs in the region continue to iterate and expand on strategic planning goals and objectives rooted in equity, leveraging the insights and expertise of subcommittees, taskforces and community-based organizations. Central CA LHJ's continue to collaborate with other departmental staff and have made gainful strides in expanding peer-networks with other local health departments throughout the region.

Embed Equity Principles continues to be one of the top three priorities for many of the region's LHJs. Many LHJs share that progress has been made in introducing equity principles throughout their respective programs such as in the development of their Health Equity Plans and Community Health Improvement Plans. However, many LHJs share that they are still in the early stages of imbedding equity into structural policies and practices.

Finally, the Central CA region selected **Organizational Commitment** as the third competency priority. Some LHJs expressed the lack of shared language and understanding of equity principles and the need to normalize conversations around equity in general. LHJs expressed having a need for more internal equity efforts among staff, with many sharing that current equity efforts have been centered around external work within the community.

Central California Strengths

Of the 12 LHJs in the Central CA region, 8 LHJs gave short answers about their organization equity strengths. Common themes from these answers are as follows:

- Resilient and passionate staff that continue to champion equity as a priority through creative, new approaches.
- Dedicated (internal and external) taskforces and committees leveraging community voice.
- Open, honest dialogue with community rooted in transparency of the work being done within the county.

Quotes

“The strengths of our LHJ is the passion of the staff to continue to advance equity. Additionally, our staff and management team are growing to be more diverse in background and experience, and willing to bring creative ideas to the table to energize our health equity work.” -Stanislaus County

“The process of being transparent with the sharing of CHA and CHIP findings through team activities by completing an educational guide focused on CHA & CHIP initiatives. Another strength is how the concept of equity and inclusion are practiced to support the diverse communities/target populations by developing educational materials in other languages and delivering presentations of findings to communities.” -Tulare County

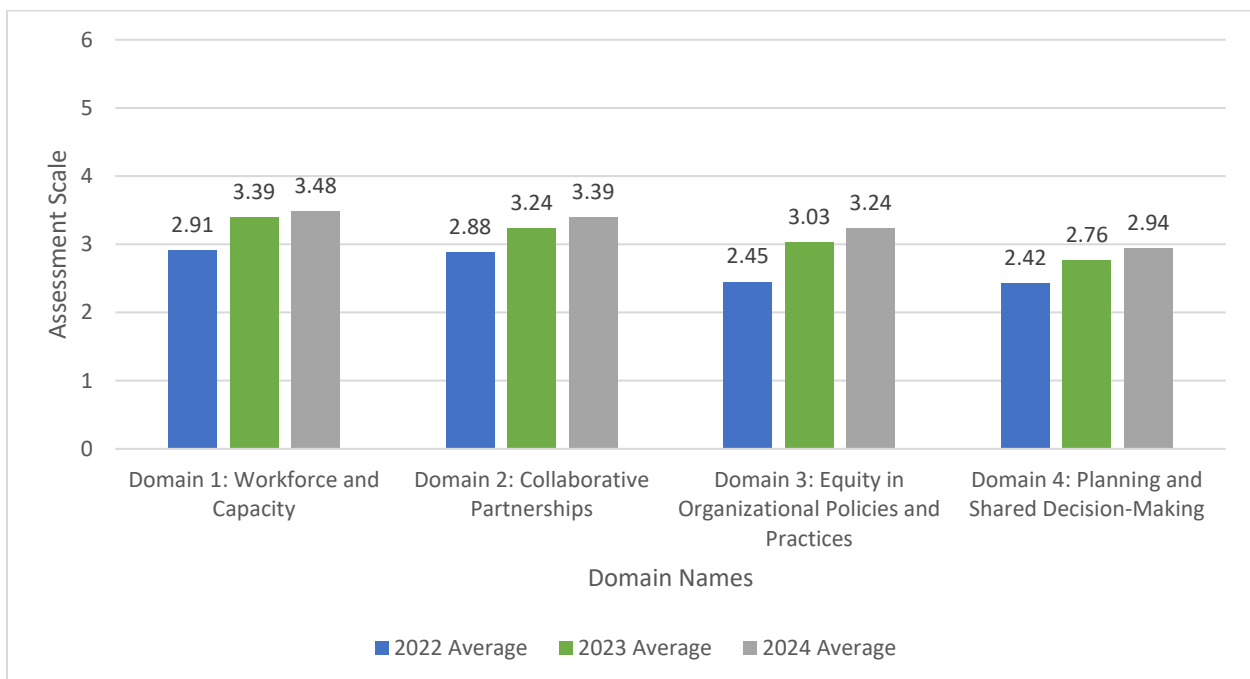
Bay Area Highlights

The Bay Area region consists of 12 Local Health Jurisdictions: Alameda, City of Berkeley, Contra Costa, Marin, Monterey, Napa, San Francisco, San Mateo, Santa Clara, Santa Cruz, Solano, and Sonoma. In 2024, 11 out of the 12 LHJs in the Bay Area region completed the Organizational Assessment.

This section will outline key highlights of the Bay Area region's 2024 domain averages, competency averages and priorities, and regional strengths with comparison to 2023 results when applicable. Lastly, this section will also outline a high-level comparison of the baseline results from 2022, to the most current data captured in 2024.

Bay Area Domain Averages

Figure 25: Domain Averages for the Bay Area



Bay Area Domain Highlights

- All four 2024 domain averages for the Bay Area region are in alignment with Statewide averages with the region's averages indicating slightly further development in the equity competencies (the same trend was found in 2022 and 2023):
 - Domain 1 average: 3.48 Bay Area vs 3.31 State

- Domain 2 average: 3.39 Bay Area vs 3.20 State
- Domain 3 average: 3.24 Bay Area vs 2.88 State
- Domain 4 average: 2.94 Bay Area vs 2.81 State
- All four domain averages have improved since the 2022 baseline assessment. Domains 1, 2, and 3 remain in the Established level (3-4) of development since 2023.
- Domain 4 continues to remain in the Early level (1-2) of development since 2022. The averages in this domain demonstrate steady movement towards the Established level (3-4) of development.
- In all three years, Domain 1 is the most developed domain. In all three years, Domain 4 is the least developed domain.
- Domain 3 saw the largest improvement from 2022 with a 0.79 average increase.

Bay Area Competency Averages

This section further examines each domain by looking at the three competency averages within all four domains.

**Figure 26: Bay Area Domain 1 (Workforce and Capacity)
Competency Averages 2022-2024**

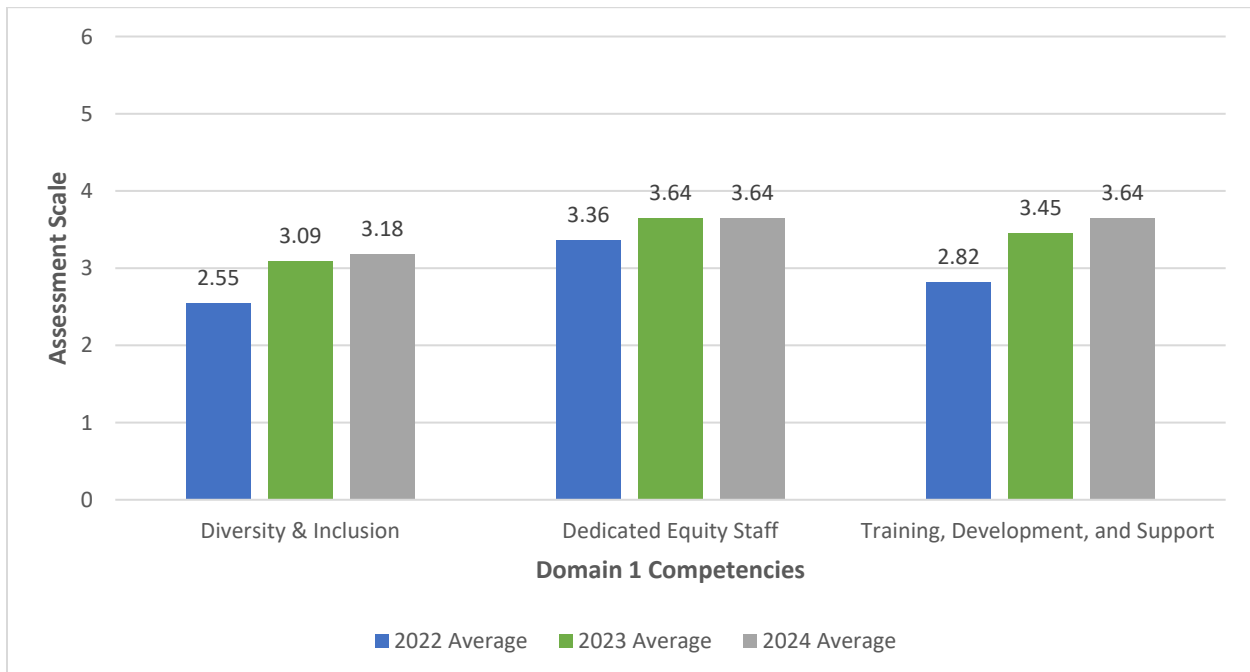


Figure 27: Bay Area Domain 2 (Collaborative Partnerships)
Competency Averages 2022-2024

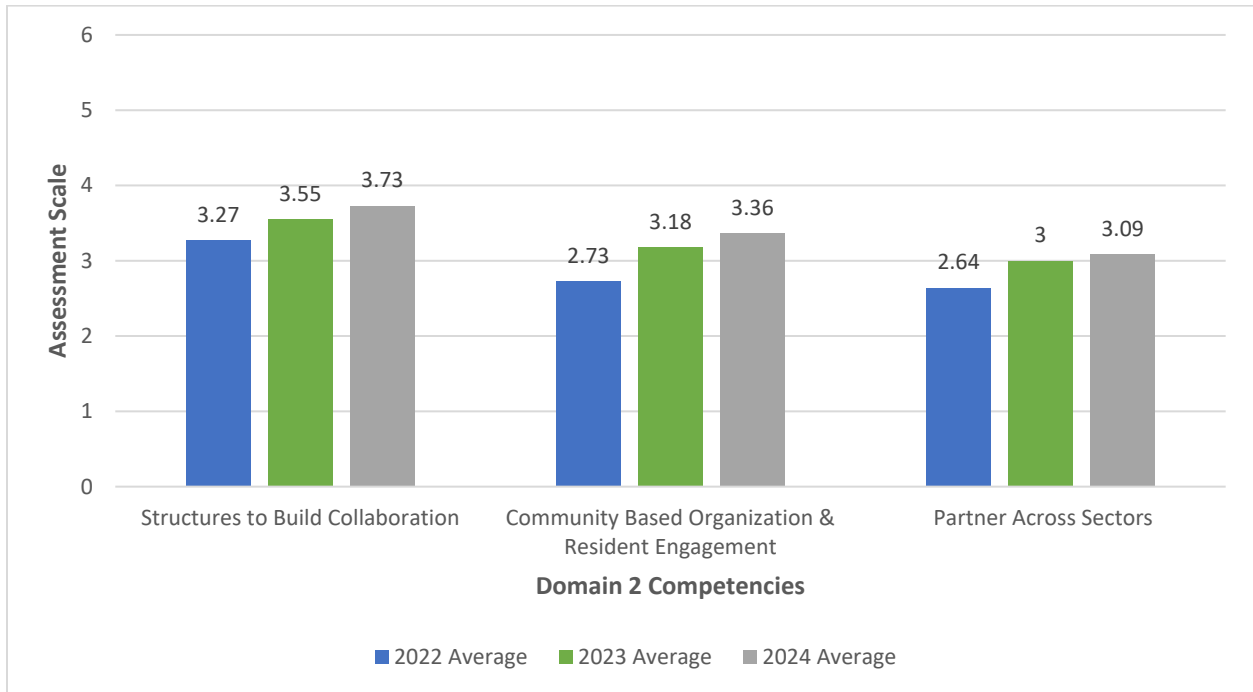


Figure 28: Bay Area Domain 3 (Equity in Organizational Policies and Practices)
Competency Averages 2022-2024

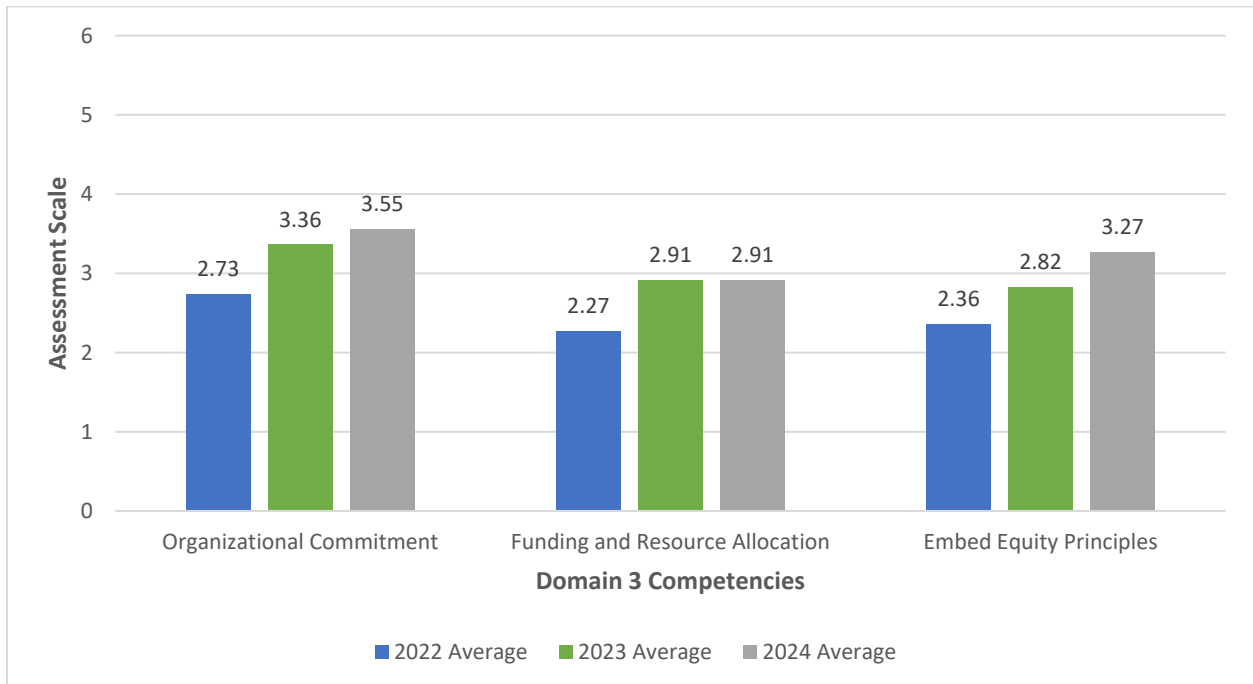
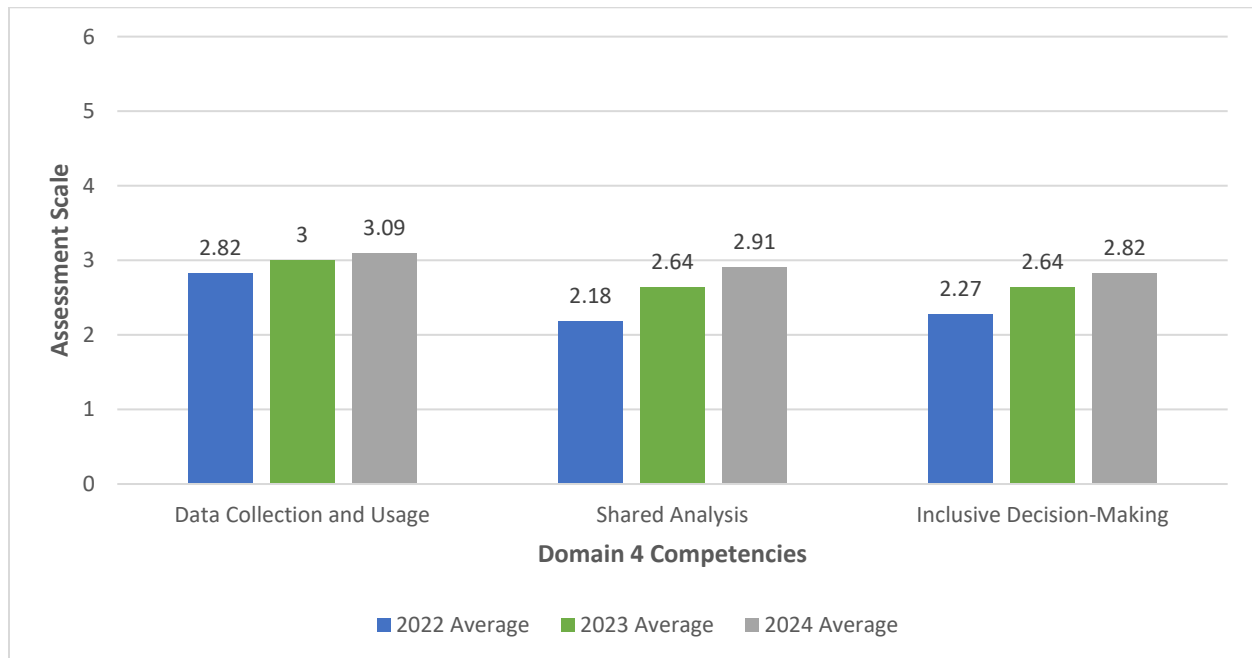


Figure 29: Bay Area Domain 4 (Planning and Shared Decision-Making)**Competency Averages 2022-2024**

Competency Highlights

- Ten out of twelve competencies have increased averages since 2023. Only two competencies (**Dedicated Equity Staff** in Domain 1 and **Funding and Resource Allocation** in Domain 3) did not show any changes in averages in the last year. All 12 competency averages have progressed since the baseline assessment in 2022.
- Nine out of twelve competencies have averages in the Established level (3-4) of development in 2024. The remaining three competencies have averages in the Early level (1-2).
- **Structures to Build Collaboration** (3.73) surpasses **Dedicated Equity Staff** (3.64) as the most developed competency in 2024. **Dedicated Equity Staff** (3.64) did not demonstrate any change in the average in the last year.
- **Shared Analysis** (2.91) and **Inclusive Decision-Making** (2.82) continue to be the least developed competencies in all three years. **Funding and Resource Allocation** (2.91) additionally becomes one of the least developed competencies in 2024 and did not demonstrate any change in the average in the last year.
- The largest increase from 2023 to 2024 was found in Domain 3. **Embed Equity Principles** (3.27) saw the largest improvement (0.45 increase from 2.82 in 2023) and progressed into the Established level (3-4) of development from the Early level (1-2) in 2023.

[See Appendix 5 for a breakdown of 2024 competency averages.](#)

Bay Area Competency Priorities

Table 7: Bay Area Competency Priorities in 2023 & 2024

Competency Name	2022 Percentage (%)	2023 Percentage (%)	2024 Percentage (%)
Diversity and Inclusion	27%	9%	0%
Dedicated Equity Staff	18%	0%	0%
Training, Development, and Support	27%	55%	55%
Structures to Build Collaboration	9%	18%	27%
Community Based Organization and Resident Engagement	27%	36%	27%
Partner Across Sectors	27%	18%	0%
Organizational Commitment	9%	0%	0%
Funding and Resource Allocation	18%	36%	36%
Embed Equity Principles	27%	9%	27%
Data Collection and Usage	18%	27%	45%
Shared Analysis	18%	18%	9%
Inclusive Decision-Making	55%	45%	45%

Table 7 shows the competency priorities selected by LHJs, each LHJ selected up to three competencies to focus on in 2024. Cells shown in blue are the three competencies selected by the largest number of LHJs by region in each year. Two of the Bay Area region's competency priorities align with that of the State: **Training, Development, and Support** and **Inclusive Decision-Making**.

Multiple shifts in competency priorities from the previous year can be seen that provides more definition of 2024 priorities.

- **Training, Development, and Support** and **Inclusive Decision-Making** both remain as two of the top three competency priorities selected for a third consecutive year. These two competencies were also selected as priorities in the 2022 baseline assessment. There is no percentage change in the number of Bay Area LHJs that selected either of these competencies as a priority in 2024.
- **Data Collection and Usage** increases by 18% of LHJs becoming a newly selected priority in 2024 and replaces **Community Based Organization and Resident Engagement**, which had a 9% decrease, as a top selected priority.
- **Funding and Resource Allocation** remains consistent as a selected priority with no percentage change from the previous year.

- Other notable shifts in priorities include **Structures to Build Collaboration and Embed Equity Principles** which both increased by 18% of LHJs and **Diversity and Inclusion** and **Shared Analysis** which both had a 9% decrease.

In 2024, the Bay Area region selected **Training, Development, and Support** as a top competency priority. Although no percentage change can be seen in the last year, it is important to note that there is a 28% increase in the number of LHJs that selected this competency as a priority since the 2022 baseline assessment. Nearly all Bay Area LHJs expressed commitment to providing both required and optional equity focused trainings for staff, and several LHJs are partnering with other departments, their County Office of Equity, and local Community Based Organizations (CBOs), to develop, improve, or facilitate tailored training opportunities. While notable progress has been made, qualitative feedback highlights some areas of challenges including high workloads due to understaffing and limited availability; especially without protected time; trainings that do not expand an equity lens to all groups; and inconsistency in rolling out trainings across departments, divisions, roles, and teams.

Inclusive Decision-making also remains as a competency priority with no percentage change from the previous year. Many Bay Area LHJs engage community partners including various advisory groups, boards, commissions, and coalitions, and seek resident engagement to inform new and existing initiatives. Despite ongoing efforts, there are challenges stated that impose limitations on **Inclusive Decision-Making** such as not having formal mechanisms for community involvement in decision-making, limited funding opportunities with predetermined goals that leave little room for community members to inform program activities, and a desire for more authentic and responsive listening to establish stronger trust and actionable engagement with community.

Bay Area LHJs selected **Data Collection and Usage** as a competency priority in 2024. Several Bay Area LHJs expressed methods of data collection that reflect the experiences of their communities; this includes prioritizing and analyzing disaggregated demographic and population-level data and aligning race and ethnicity data with federal data metrics. However, many Bay Area LHJs are still met with constraints that indicate inconsistencies in data collection and reporting which may contribute to the 18% increase of LHJs that selected **Data Collection and Usage** as a priority from the previous year.

Due to the decrease in the percentage of LHJs that selected **Community Based Organization and Resident Engagement** as a priority in 2024, **Funding and Resource Allocation** remains consistent as a competency priority with no percentage change from the previous year. Ongoing efforts to partake in equitable funding and resource allocation from Bay Area LHJs include having dedicated general funds that support equity initiatives and limited term funds like the California Equitable Recovery Initiative (CERI) which allows

LHJs to invest in equity infrastructure. Learning from the COVID-19 pandemic, Bay Area LHJs have also taken steps to incorporate equity into local level plans such as the Community Health Improvement Plan (CHIP) and few LHJs are taking internal measures to pilot tools that assess equity in grant and contract funding processes and have built equity related criteria for contracting with community partners. The most common challenges and barriers expressed by Bay Area LHJs include limited equity funding opportunities, stringent policies of the County Administrator's Office that restrict freedom in directing resources towards innovative solutions to center community voice and minimal little coordination and layering of funding to support programs that already exist.

Bay Area Strengths

Of the 12 LHJs in the Bay Area region, 11 LHJs provided short answers about their organization's equity strengths. Common themes from these answers are as follows:

- Bay Area LHJs are committed to fostering a culture of cross-team collaboration, community engagement, and equity integration into their programs.
- Nearly all Bay Area LHJs have long standing relationships with their community partners.

Quotes

"One of our strengths is our GARE coalition. This is the main space where equity practitioners across Health come together to embed equity throughout the LHJ." - San Mateo County

"SF DPH is fortunate to have ample resources and organizational commitment for advancing health, at the executive leadership level, as well as across City/County level. This has resulted in support through the allocation of equity staffing, training resources, and strong focus on diversity and inclusion efforts." - San Francisco City and County

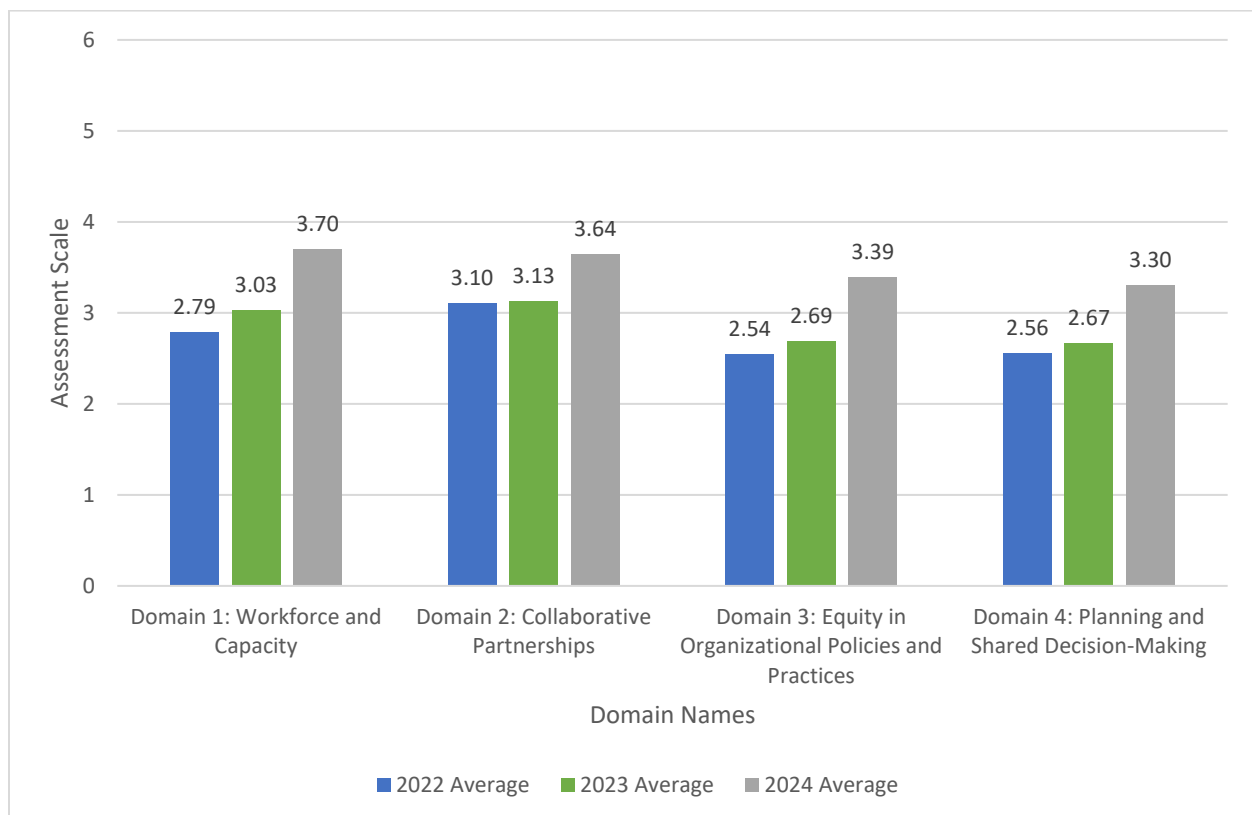
Southern California/Los Angeles Highlights

The Southern California/Los Angeles region consists of 13 Local Health Jurisdictions: Mono, Inyo, San Bernardino, Riverside, Imperial, San Diego, Orange, Los Angeles, Long Beach City, Pasadena City, Ventura, Santa Barbara, and San Luis Obispo. 11 of the 13 LHJs in the region completed the 2024 organizational assessment.

This section will outline key highlights of the Southern California/Los Angeles region's 2024 domain averages, competency averages and priorities, and regional strengths with comparison to 2023 results when applicable. Lastly, this section will also outline a high-level comparison of the baseline results from 2022 to the most current data captured in 2024.

Southern California/Los Angeles Domain Averages

Figure 30: Domain Averages for the Southern California/Los Angeles Region



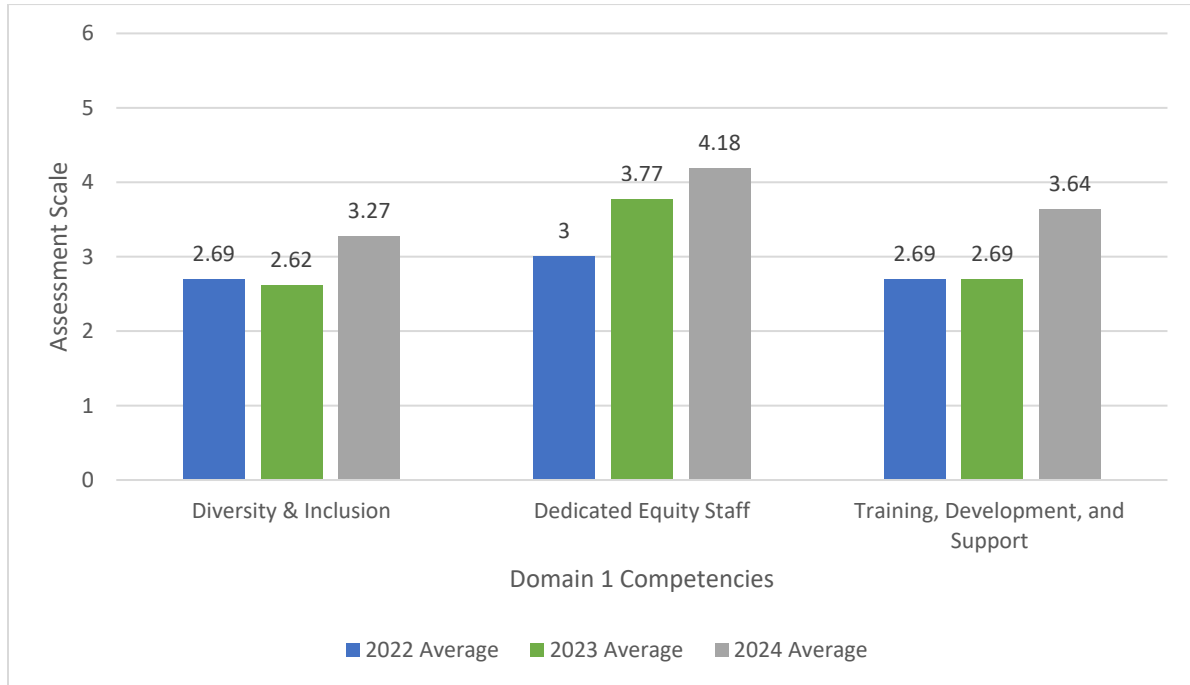
Southern California Domain Highlights

- All four of the 2024 domain averages for the Southern California/Los Angeles region are higher than Statewide averages, indicating significantly further development in equity infrastructure:
 - Domain 1 average: 3.70 Southern California/Los Angeles vs 3.31 State
 - Domain 2 average: 3.64 Southern California/Los Angeles vs 3.20 State
 - Domain 3 average: 3.39 Southern California/Los Angeles vs 2.88 State
 - Domain 4 average: 3.30 Southern California/Los Angeles vs 2.81 State
- In 2023, the domain averages for the region were higher than the state in three out of the four domains.
- All four domains had an upward progression in 2024 compared to the previous years.
- Domain 3 and Domain 4 both shifted into the Established level (3-4) of development in 2024.
- In 2024, Domain 1 is the most developed domain. In 2022 and 2023, Domain 2 was the most developed domain.
- Domain 4 remains the least developed domain for two consecutive years. In contrast, Domain 3 was the least developed domain in 2022.
- Domain 3 saw the greatest improvement from 2023 with an average increase of 0.70.

Southern California/Los Angeles Competency Averages

This section further examines each domain by looking at the three competency averages within all four domains.

**Figure 31: Southern California/Los Angeles Domain 1 (Workforce and Capacity)
Competency Averages 2023-2024**



**Figure 32: Southern California/Los Angeles Domain 2 (Collaborative Partnerships)
Competency Averages 2023-2024**

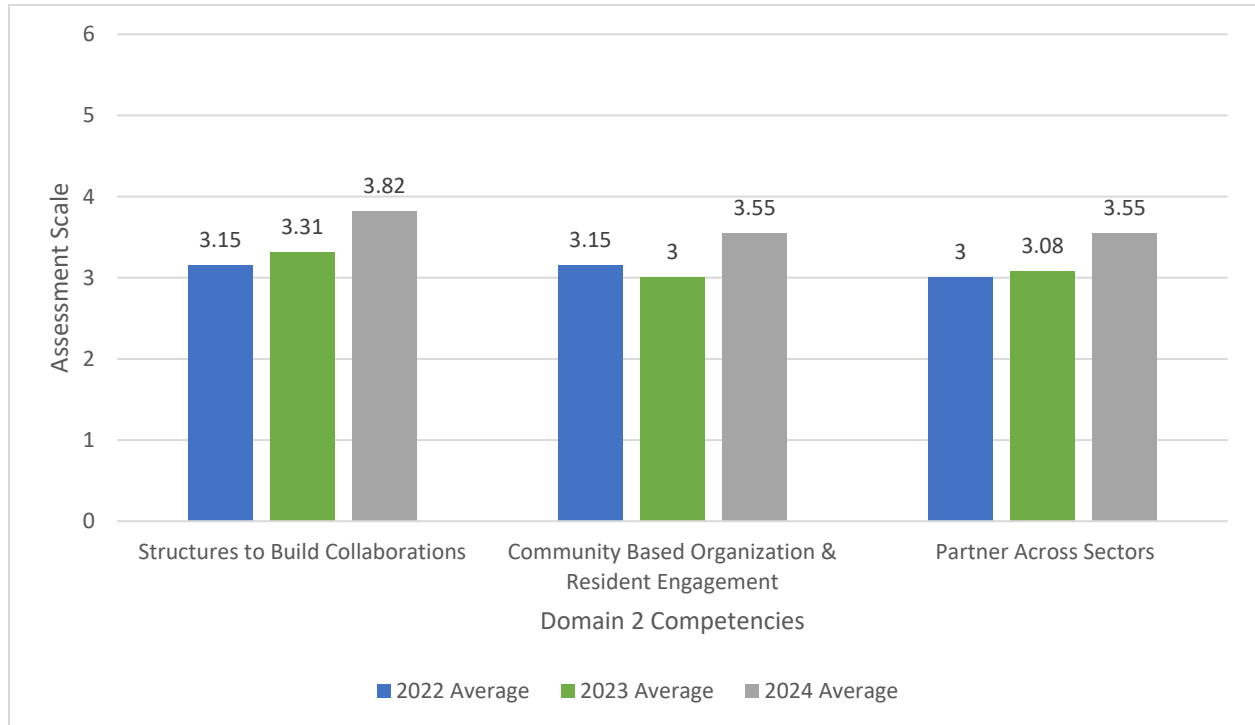


Figure 33: Southern California/Los Angeles Domain 3 (Equity in Organizational Policies and Practices) Competency Averages 2023-2024

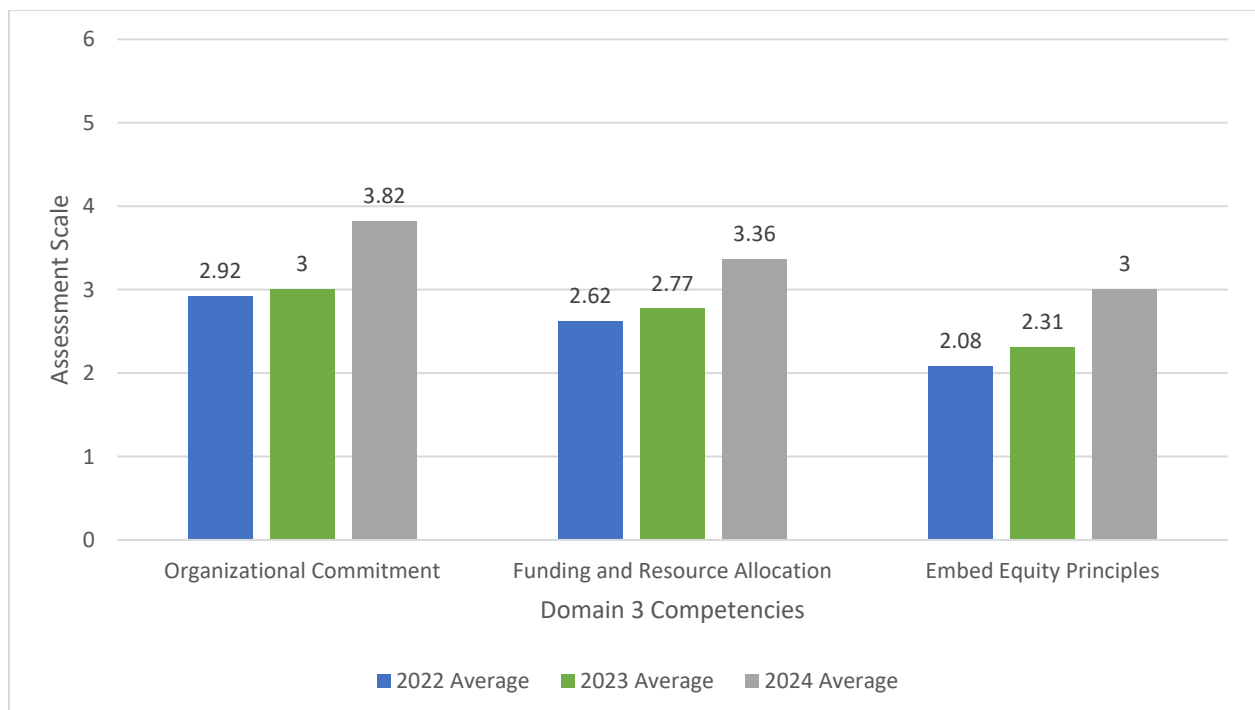
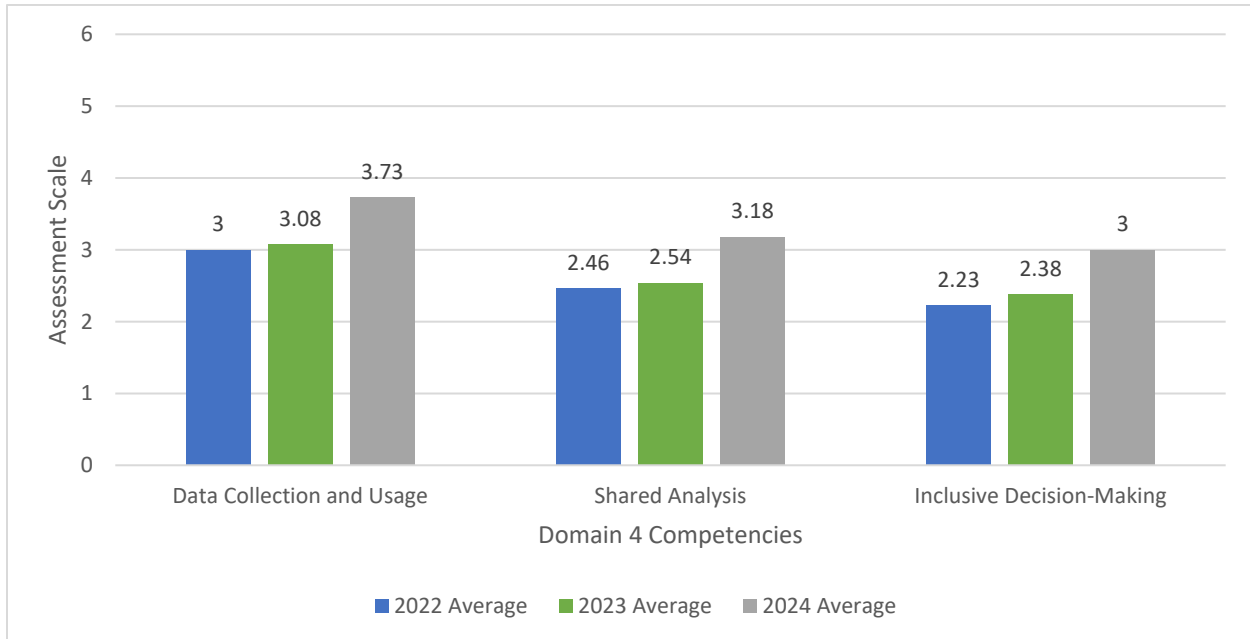


Figure 34: Southern California/Los Angeles Domain 4 (Planning and Shared Decision-Making) Competency Averages 2023-2024



Competency Highlights

- From 2023 to 2024, all 12 competencies had an upward progression.
- **Dedicated Equity Staff** (4.18) is the most developed competency for two consecutive years. The Southern California/Los Angeles region scored highest in the state for this competency. The region also scored highest in the state for Data Collection & Usage (3.73) for two consecutive years.
- **Embed Equity Principles** (3.0) and **Inclusive Decision-Making** (3.0) are the least developed competencies in 2024.
- The largest increases from 2023 to 2024 were in domains 1 and 3. **Training, Development, and Support** from Domain 1 saw the largest improvement (0.95 increase from 2.69 in 2023 to 3.64 in 2024) followed by the **Organizational Commitment** from Domain 3 (0.82 increase from 3.0 in 2023 to 3.82 in 2024).

[See Appendix 6 for a breakdown of 2024 competency averages.](#)

Southern California/Los Angeles Competency Priorities

Table 8: Southern California/Los Angeles Competency Priorities in 2023 & 2024

Competency Name	2022 Percentage (%)	2023 Percentage (%)	2024 Percentage (%)
Diversity and Inclusion	0%	23%	9%
Dedicated Equity Staff	23%	8%	0%
Training, Development, and Support	77%	62%	27%
Structures to Build Collaboration	23%	23%	9%
Community Based Organization and Resident Engagement	23%	23%	18%
Partner Across Sectors	8%	0%	9%
Organizational Commitment	8%	15%	18%
Funding and Resource Allocation	15%	8%	45%
Embed Equity Principles	54%	54%	45%
Data Collection and Usage	0%	15%	0%
Shared Analysis	8%	15%	27%
Inclusive Decision-Making	46%	46%	73%

Table 8 shows the competency priorities selected by the 11 LHJs in the Southern CA/Los Angeles Region. Each LHJ selected up to three competencies to focus on in 2024. Cells shown in blue are the three competencies selected by the largest number of LHJs by region in each year. Two of the three top competency priorities selected by the Southern California/Los Angeles region align with that of the State: **Embed Equity Principles** and **Inclusive Decision-Making**.

A clear shift in the competency priorities is evident over a one-year period, providing greater insight into the competency priorities for the region in 2024. **Inclusive Decision-Making (73%)** is the newly selected top competency priority for the region. **Funding and Resource Allocation (45%)** and **Embed Equity Principles (45%)** tie for the second competency priority for the region. **Funding and Resource Allocation** was a newly selected competency priority and significantly increased from 8% in 2023 to 45% in 2024. **Embed Equity Principles** was selected as the second competency priority for the region for two consecutive years but decreased from 54% in 2023 to 45% in 2024. Concurrently,

the percentage of LHJs in the region who selected Training, Development and Support as a priority significantly decreased from 62% in 2023 to 27% in 2024.

The Southern California/Los Angeles region overwhelmingly selected **Inclusive Decision-Making** as their top competency priority. A majority of the region expressed their commitment to including residents, especially those who are most impacted by inequities, and community partners into the decision-making process. Southern CA LHJs stated that they value CBOs and residents and seek to leverage their expertise through several avenues including through their engagement in health coalitions, taskforces, and advisory groups. Several LHJs mentioned that they seek to integrate community and partner feedback during the development of health policies, CHAs/CHIPs and a shared framework for the contract and procurement process. Additionally, several LHJs in the region selected **Inclusive Decision-Making** as a competency priority because they maintained that there is still need for growth in this area. A few LHJs noted that they still largely depend on their community partners to provide these collaborative opportunities. One LHJ stated that currently the infrastructure required for CBOs and LHJs to work collaboratively on the decision-making process is not fully in place. Another LHJ noted that there has been less engagement in public dialogue about community needs after the pandemic and new collaborative opportunities are needed.

Funding and Resource Allocation was selected as the second competency priority by the Southern California/Los Angeles region. Southern CA LHJs described their efforts to integrate equity into their funding activities and processes over the past year: utilizing grant funding from California Equitable Recovery Initiative (CERI) and California Strengthening Public Health Infrastructure (CASPHII) to sustain equity staff positions, incorporating input from advisory boards on the annual budget approval process, and the utilization of equity metrics and budget narratives to ensure accountability for the equitable allocation of resources. Many LHJs in the region emphasized that as limited grants come to a close and state budget cuts come into effect, concern looms about the long-term sustainability of the work. A few LHDs expressed that, at this time, they are focusing on searching for ways to sustain equity staff long-term and don't have the ability to direct more resources to residents and community partners.

Embed Equity Principles was also designated as the second competency priority by the region. Several LHJs indicated that over the past year, they made headway in embedding equity throughout their organization's program, policies and practices. Internal efforts included the creation of an equity-centered framework designed to guide administrative practices and the development of new organizational policies, (as well as the overhaul of existing policies), to promote equity and inclusion. A few LHJs indicated that internal efforts to embed equity principles haven't fully materialized yet, though they do anticipate growth in this area.

Southern California/Los Angeles Strengths

Of the 11 LHJs in Southern California/Los Angeles, 9 LHJs gave short answers about their organizational equity strengths. Common themes from these answers are as follows:

- Demonstrated commitment to improving diversity, equity and inclusion internally.
- A dedicated, diverse and skilled staff that continuously focus on strengthening their internal capacity and workforce skills.
- Leadership that supports and prioritizes operationalizing equity.
- Implementation of equitable data collection, usage and sharing practices.
- Strong relationships with CBOs that have informed and supported how the department addresses inequities.

Quotes

“Reflecting on the survey, I believe our Local Health Jurisdiction (LHJ) demonstrates several strengths that contribute to our effectiveness and impact: Commitment to Equity and Inclusion: Our LHJ prioritizes equity and inclusion in all aspects of our work. We strive to ensure that our programs, policies, and services are accessible and equitable for all community members, regardless of background or circumstance”-Inyo County

“I think VCPH is making headway on the internal capacity for equity...It is clear the department over all supports and prioritizes health equity. It is clear leadership practices health equity”-Ventura County

Discussion & Recommendations for LHJs

The 2024 Annual Organizational Assessment marked the third cycle of the assessment. Retainment of participation remained high, with 93% of LHJs participating in this cycle. With three years of data, clear priorities across California are continuing to emerge. In all three years of the assessment, **Training, Development, and Support, Inclusive Decision-Making, and Embed Equity Principles** were chosen as the top three highest priorities for equity development. Additionally, **Shared Analysis** and **Inclusive Decision-Making** were the least developed competencies all three assessment cycles. These findings send a clear signal to the Equity Technical Assistance Team:

- LHJs require more trainings in both foundational equity concepts and how to integrate equity into different programs.
- LHJs need more resources on how to bring outside partners into the planning, decision-making, and information dissemination process, and
- LHJs need guidance on finding opportunities to integrate learned equity concepts into existing programs and policies in their jurisdictions.

The Office of Health Equity suggests that these should continue to be the focus of any future equity offerings and that the LHJs require new, innovative resources, specific guidance, and tailored support that target these competencies specifically. Below are the recommendations for each of the top three priorities, as well as current actions by the Equity TA Team that will support each recommendation. The team encourages LHJs to **share** critical steps they hope to pursue in order to improve equity infrastructure. Additionally, if any LHJs have recommendations, best practices or resources for equity work, please share them with the Equity Technical Assistance Team for distribution to peers across California.

- **Training, Development, and Support Recommendations:**
 - Offer or require equity training for all new staff during the onboarding process and for current staff. If equity training is already offered, make sure that this training is updated to current equity teachings and principles.
 - *The Equity TA Team can recommend virtual equity training courses and can share a list of in person trainers that have previously worked with LHJs in California.*
 - *The team recognizes that LHJs desire more training resources in accessible formats and that LHJs have stated that a lack of dedicated funding for equity-focused trainings continues to be a challenge for staff learning. The team would like to prioritize this in future contracts with regional equity partners in order to fill some of these requests and gaps.*

- Offer equity training on new and emerging equity priorities, as well as more specialized training (e.g., equity in public health priorities such as chronic diseases, climate change, etc.).
 - *The Equity TA Team can recommend equity trainings in a variety of topics and help find trainings that will be best for an LHJ.*
- Consider forming equity groups within the LHJ (LatinX, LGBTQ+, Black etc.).
 - *The Equity TA Team can share guides on how to form these groups and connect an LHJ with peer colleagues that have started these groups in their jurisdiction.*
- For more resources on Training, Development, and Support, please see the [resources listed for this competency in the Virtual Equity Toolkit 2.0.](#)
- **Inclusive Decision-Making Recommendations:**
 - Establish community advisory committee(s) comprised of diverse community members/stakeholders to help plan the development of activities and policies.
 - *The Equity TA Team invites speakers to present to the LHJs on this topic. Please see the Office Hours on “Co-designing for Impactful Community Collaboration & Partnership” and “Development of an Institutional Review Board Health Equity Policy”*
 - Establish clear protocols with roles between government and community leaders to set expectations about the relationship (e.g., government will listen to feedback and take it into consideration when making decisions).
 - *The Equity TA Team can recommend different resources that will outline how to create a partnership plan between different partners and government leaders, including how to document this relationship into written agreements.*
 - Leverage community knowledge for cultural competency and linguistic guidance in new policies and programs.
 - *The Equity TA Team will continue to elevate real-world examples of cultural competency and bilingual committees in LHJs that help shape policies and programs.*
 - For more resources on Inclusive Decision-Making, please see the [resources listed for this competency in the Virtual Equity Toolkit 2.0.](#)
- **Embed Equity Principles Recommendations:**
 - Equity staff (equity lead, action teams, work groups, etc.) review organizational policies to find opportunities for equity integration and regularly conduct equity assessments that solicit staff feedback.
 - *The Equity TA Team is available to assist in the review of any policies and strategic plans, as well as administering equity assessments such as the Organizational Assessment for Equity Infrastructure.*
 - Find opportunities of any size to integrate equity in multiple departments and/or throughout levels of the organization (handbook, memos, policies, etc.)

- *Through virtual consultations, the Equity TA Team can help review current policies, mission statements, handbooks, etc to find opportunities to integrate equity principles.*
- Integrate equity concepts into the Community Health Improvement Plan (CHIP) for the jurisdiction.
 - *The Equity TA Team can share equity-centered CHIP examples, as well as connect LHJs with peers that have embedded equity into their Community Health Assessment (CHA) and CHIP.*
- For more resources on Embed Equity Principles, please see the [resources listed for this competency in the Virtual Equity Toolkit 2.0.](#)

Next Steps & Conclusion

After every cycle of the Organizational Assessment, the Equity Technical Assistance team has solicited periodic feedback and have modified TA services accordingly to better fit the equity needs and goals of LHJs. The Equity team will continue to provide and update TA services for all LHJs in 2025 and beyond. The existing Equity Menu of Services is described below:

- A monthly **newsletter** developed to share relevant news and resources, as well as spotlight best practices and success stories on equity development.
- An online **portal** for LHJs to submit inquiries and find resources on various topics related to equity, as well as **online forums** to discuss equity with regional peer jurisdictions.
- An updated **Virtual Equity Toolkit 2.0** to provide a comprehensive look into the definitions of the domains and competencies from the assessment and select resources to aid local work and inclusion of these competencies to build equity infrastructure.
- **Site visits** by the TA Team to LHJs across California in order to become more familiar with the LHJs and create relationships through meeting in person
- **Virtual one-on-one consultations** between the Equity TA Team and the LHJs to discuss anything equity related. The Equity TA Team can schedule recurring meetings on a monthly, semi-monthly, or quarterly basis with the LHJs in order to discuss their equity work. In January 2025, special one-on-one meetings will be offered specifically to discuss the LHJ's 2024 Organizational Assessment results.

After feedback from discussions with the LHJs and the review of the results from the 2024 Organizational Assessment, the Equity TA Team will evolve their menu of services starting in 2025. A list of proposed updates to the menu of services are as follows:

- In 2025, the Equity TA Team will transition away from the current “Office Hours” meeting format and rebrand as **Equity Learning Collaboratives**. Similar to the special presentations by the LHJs and subject matter experts during Office Hours, the Equity Learning Collaboratives will continue these presentations and provide support, share resources, and foster a collaborative learning environment among LHJs peers on topics they identify as individual, regional, and state priorities. The Equity TA Team will invite presenters to speak on the top three competencies.
- **Statewide Equity Convening in 2026**. After the success of the 2023 Statewide Equity Convening, the Equity TA Team is hard at work planning for another in person convening for all equity staff in California in 2026.
- **Storytelling Summary** for the LHJs that participated in the California Equitable Recovery Initiative (CERI) in order to document their experience working towards recovery and resilience after COVID-19. The story map will include barriers, challenges, shared practices, lessons learned, and recommendations for future equity work.
- **And more to come!**

These services are planned at the time of the writing of this report and are subject to change based on LHJ input and team capacity.

It is the goal of the Equity TA Team to equip LHJs with relevant tools and strategies to increase their equity capacity and infrastructure. After three cycles of the Annual Organizational Assessment for Equity Infrastructure, it is clear that current and future equity work must continue to focus on **Training, Development, and Support, Inclusive Decision-Making, and Embed Equity Principles**. The Equity TA Team commits to continue to center equity work around these priorities and find learning opportunities and resources to assist LHJs in their work towards equity development in these areas.

Appendix 1: Statewide 2024 Competency Results

The bar graphs below show the number of LHJs in the State of California by selected score (1-6) for each competency.

Early		Established		Strong	
1	2	3	4	5	6
Not yet, or learning stage	Planned but not started or in initial/pilot stages of implementation	Working towards this but not fully achieved	Fully Achieved	In place with evidence of its use (e.g., policies, procedures, robust evaluation plan)	Practices are sustainable and ongoing and may be shared with others as "best practices"

Figure 35: Statewide Domain 1 (Workforce and Capacity) Assessment Scale Selections by Number of LHJs

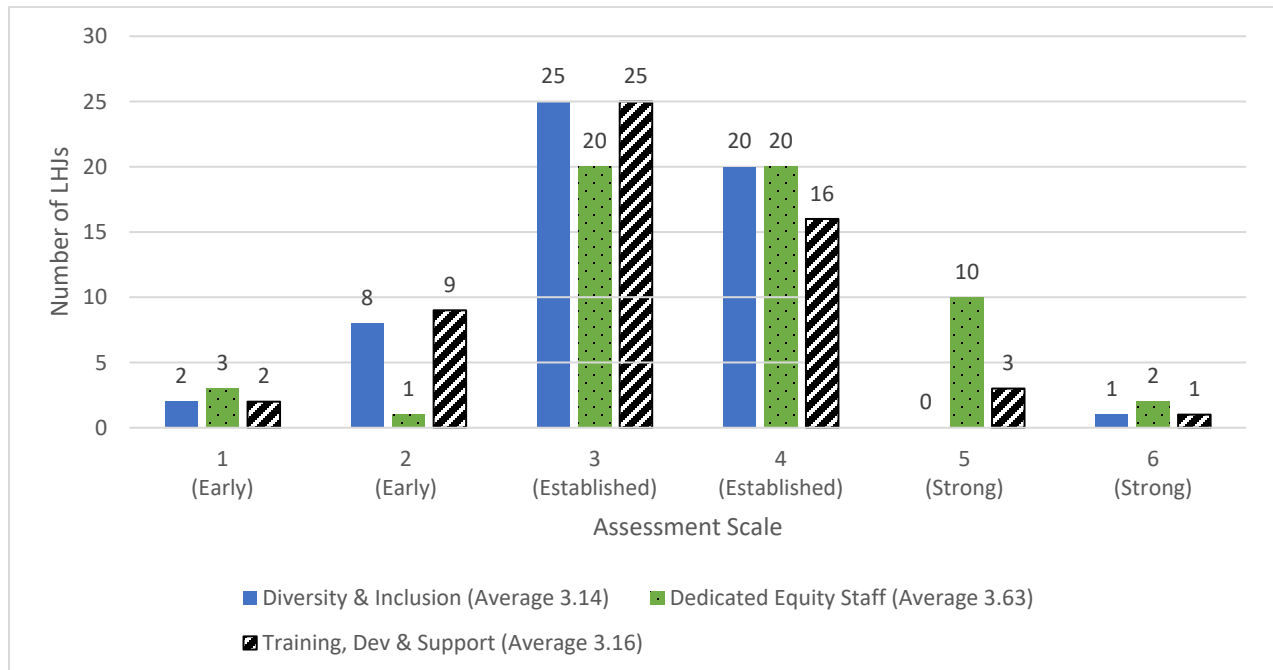


Figure 36: Statewide Domain 2 (Collaborative Partnerships) Assessment Scale Selections by Number of LHJs

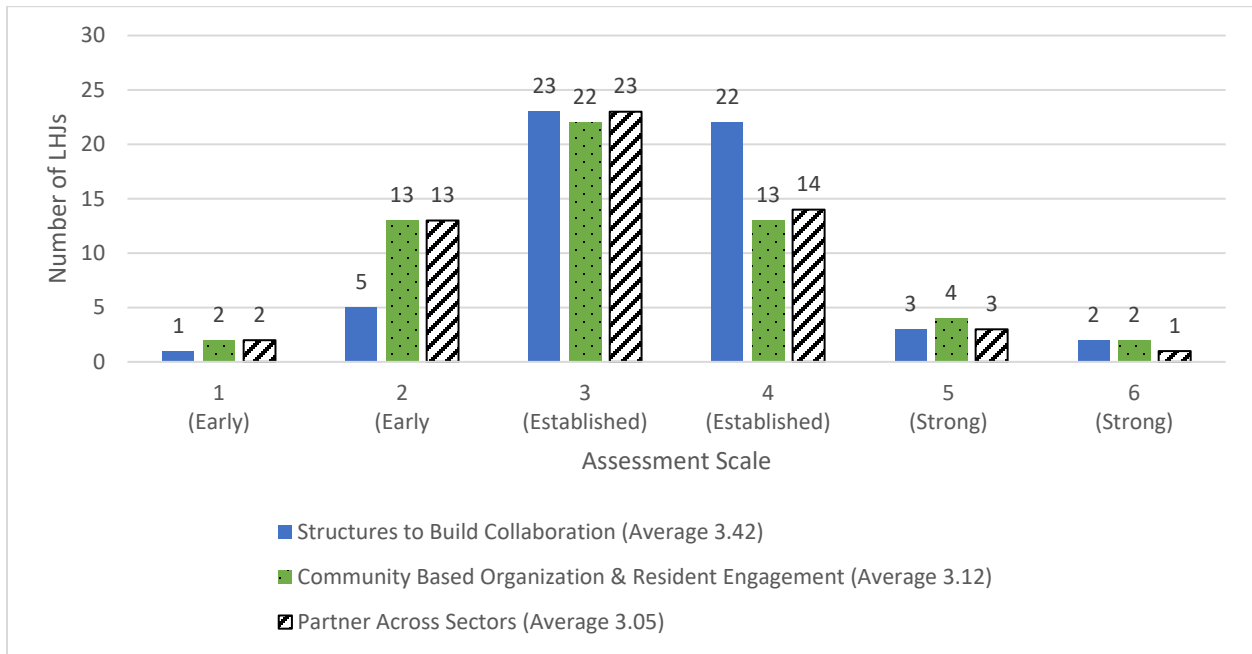


Figure 37: Statewide Domain 3 (Equity in Organizational Policies and Practices) Assessment Scale Selections by Number of LHJs

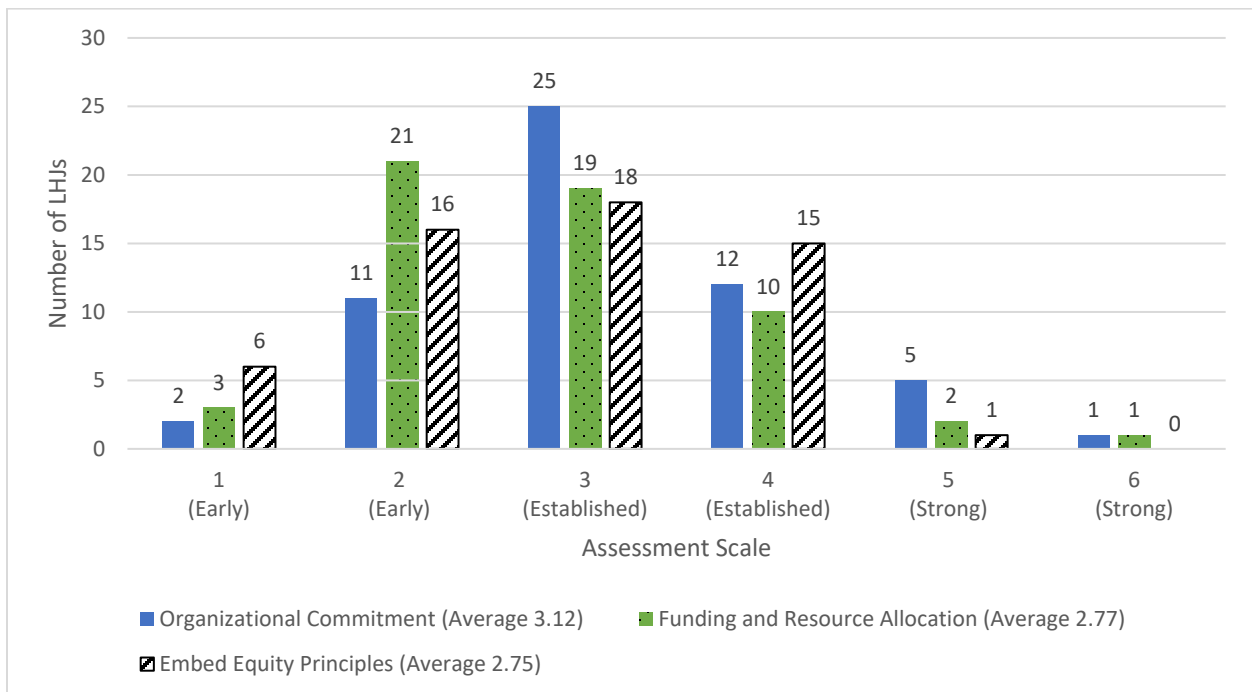
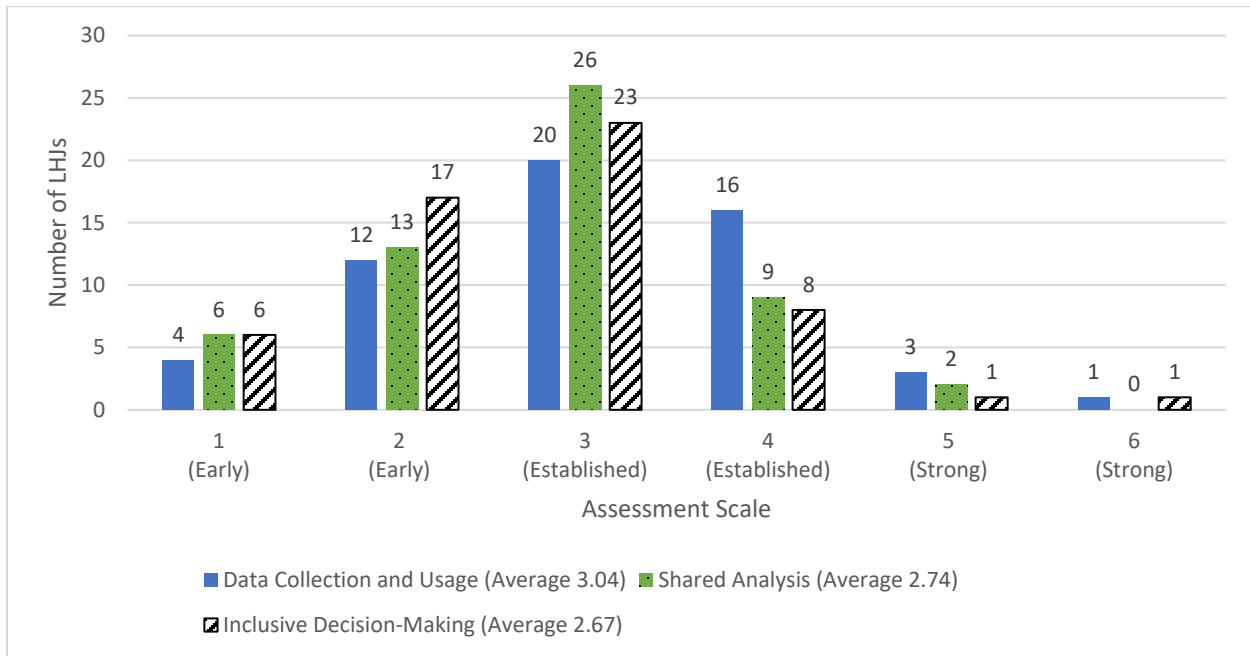


Figure 38: Statewide Domain 4 (Planning and Shared Decision-Making) Assessment Scale Selections by Number of LHJs**Table 9: Statewide Domain Averages 2022-2024**

Competency & Domain Names	2022 Statewide Average	2023 Statewide Average	2024 Statewide Average
Diversity & Inclusion	2.47	2.83	3.14
Dedicated Equity Staff	2.78	3.53	3.63
Training, Development, and Support	2.39	2.83	3.16
Domain 1: Workforce and Capacity Average	2.55	3.06	3.31
Structures to Build Collaborations	2.86	3.19	3.42
Community Based Organization & Resident Engagement	2.61	2.9	3.12
Partners Across Sections	2.46	2.93	3.05
Domain 2: Collaborative Partnerships Average	2.64	3.01	3.20
Organizational Commitment	2.31	2.9	3.12
Funding and Resource Allocation	2.15	2.59	2.77
Embed Equity Principles	2.02	2.41	2.75

Domain 3: Equity in Organization Policies and Practices Average	2.16	2.63	2.88
Data Collection and Usage	2.51	2.80	3.04
Shared Analysis	2.05	2.32	2.74
Inclusive Decision Making	2.14	2.41	2.67
Domain 4: Planning and Shared Decision-Making Average	2.23	2.51	2.81

Table 10: Statewide Assessment Scale Selections by Number of LHJs, 2024

	Assessment Scale					
Competency Name	1	2	3	4	5	6
Diversity & Inclusion	2	8	25	20	0	1
Dedicated Equity Staff	3	1	20	20	10	2
Training, Development, and Support	2	9	25	16	3	1
Structures to Build Collaborations	1	5	23	22	3	2
Community Based Organization & Resident Engagement	2	13	22	13	4	2
Partners Across Sections	2	13	23	14	3	1
Organizational Commitment	2	11	25	12	5	1
Funding and Resource Allocation	3	21	19	10	2	1
Embed Equity Principles	6	16	18	15	1	0
Data Collection and Usage	4	12	20	16	3	1
Shared Analysis	6	13	26	9	2	0
Inclusive Decision Making	6	17	23	8	1	1

Appendix 2: Rural North 2024 Competency Results

The bar graphs below show the number of LHJs in the Rural North Region by selected score (1-6) for each competency.

Early		Established		Strong	
1	2	3	4	5	6
Not yet, or learning stage	Planned but not started or in initial/pilot stages of implementation	Working towards this but not fully achieved	Fully Achieved	In place with evidence of its use (e.g., policies, procedures, robust evaluation plan)	Practices are sustainable and ongoing and may be shared with others as “best practices”

Figure 39: Rural North Domain 1 (Workforce and Capacity) Assessment Scale Selections by Number of LHJs

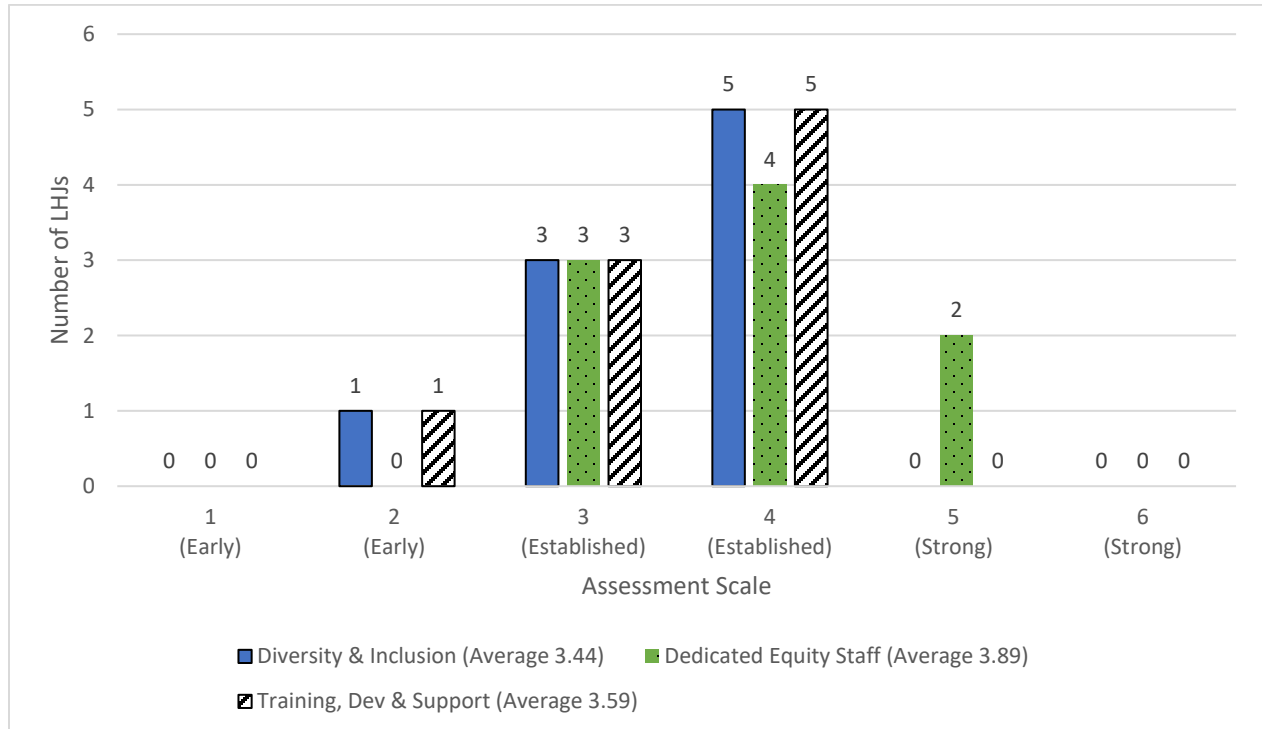


Figure 40: Rural North Domain 2 (Collaborative Partnerships) Assessment Scale Selections by Number of LHJs

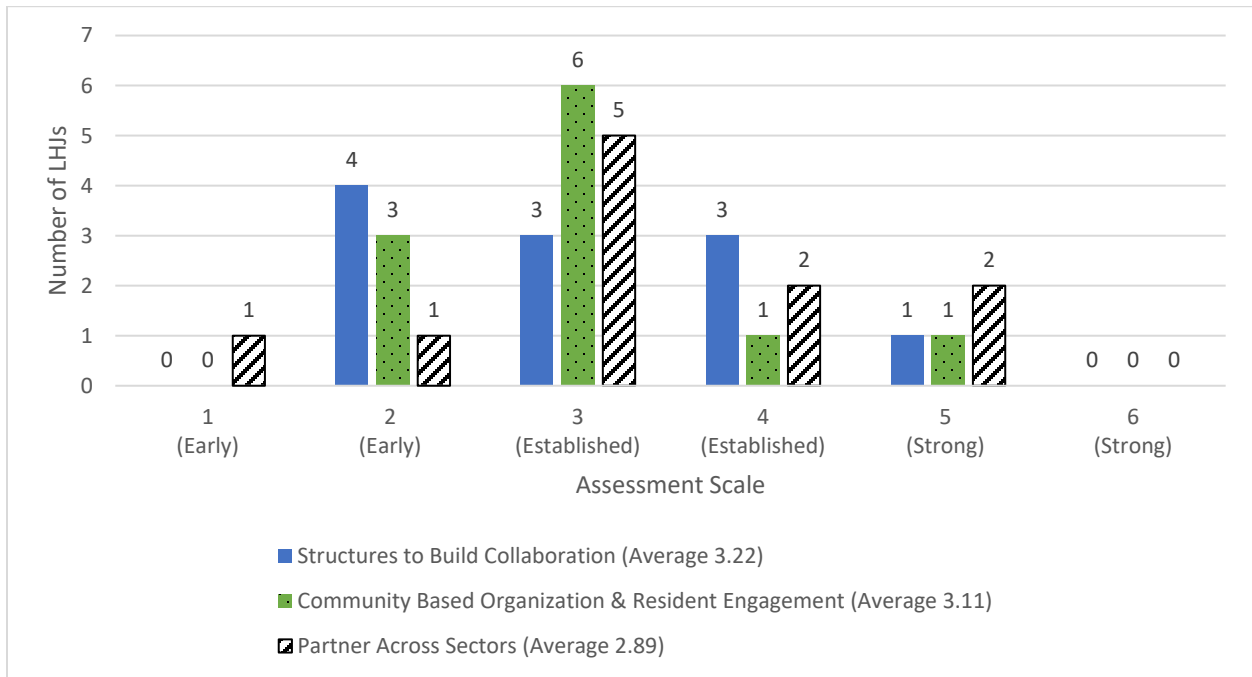


Figure 41: Rural North Domain 3 (Equity in Organizational Policies and Practices) Assessment Scale Selections by Number of LHJs

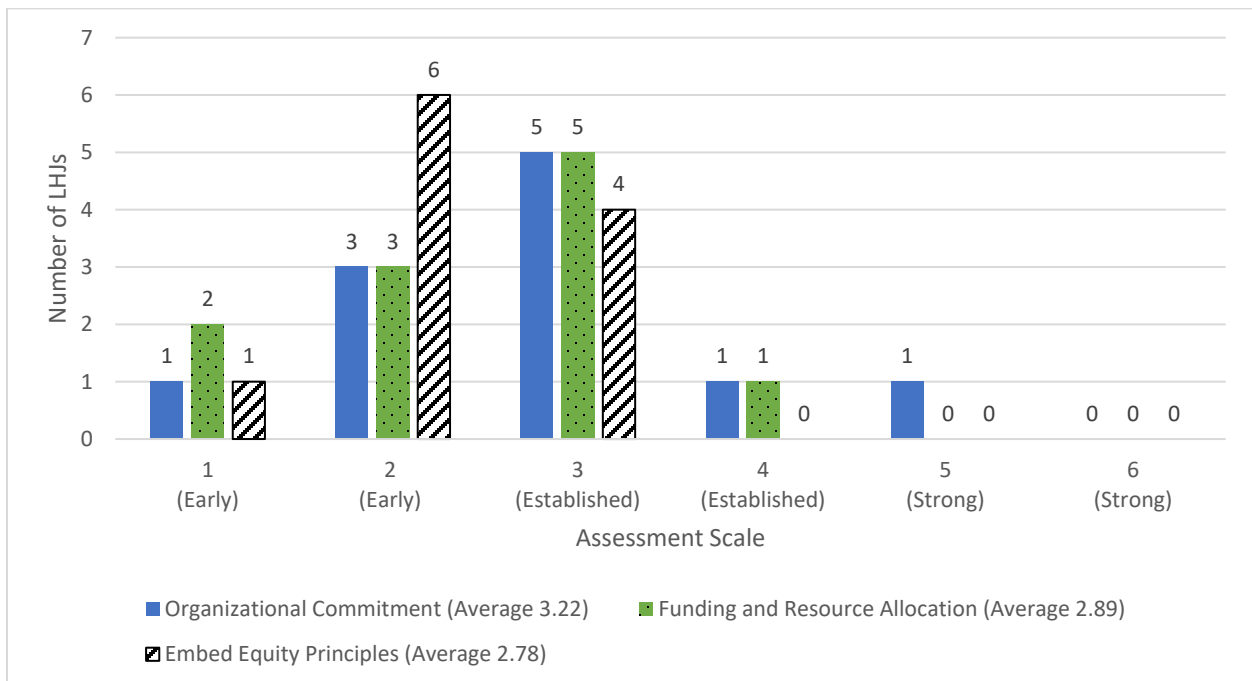


Figure 42: Rural North Domain 4 (Planning and Shared Decision-Making) Assessment Scale Selections by Number of LHJs

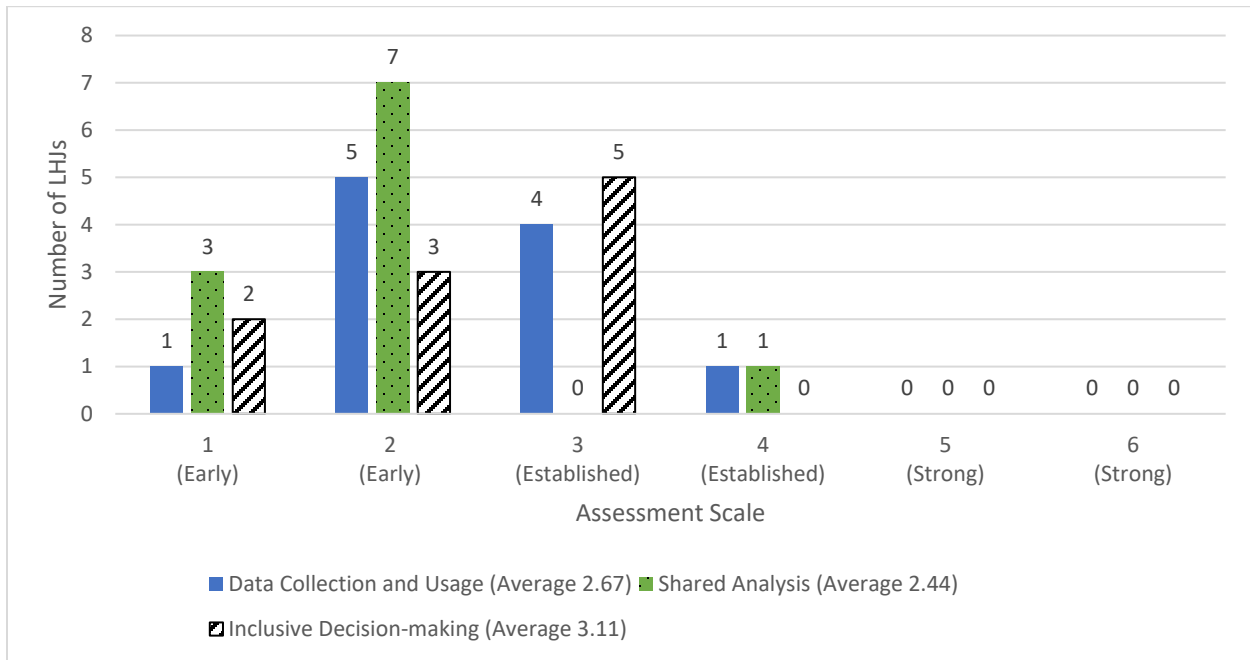


Table 11: Rural North Domain Averages 2022-2024

Competency & Domain Names	Rural North 2022 Average	Rural North 2023 Average	Rural North 2024 Average
Diversity & Inclusion	2.27	2.73	3.44
Dedicated Equity Staff	2.45	3.45	3.89
Training, Development, and Support	2.27	3.00	3.44
Domain 1: Workforce and Capacity Average	2.33	3.06	3.59
Structures to Build Collaborations	2.27	3.09	3.22
Community Based Organization & Resident Engagement	2.18	3.00	3.11
Partners Across Sections	2.18	3.27	2.89
Domain 2: Collaborative Partnerships Average	2.21	3.12	3.07
Organizational Commitment	1.82	2.82	3.22
Funding and Resource Allocation	1.82	2.45	2.89
Embed Equity Principles	1.73	2.27	2.78

Domain 3: Equity in Organization Policies and Practices Average	1.79	2.52	2.96
Data Collection and Usage	2	2.45	2.67
Shared Analysis	1.45	1.91	2.44
Inclusive Decision making	2.09	2.55	3.11
Domain 4: Planning and Shared Decision-Making Average	1.85	2.30	2.74

Table 12: Rural North Assessment Scale Selections by Number of LHJs, 2024

	Assessment Scale					
Competency Name	1	2	3	4	5	6
Diversity & Inclusion	0	1	3	5	0	0
Dedicated Equity Staff	0	0	3	4	2	0
Training, Development, and Support	0	1	3	5	0	0
Structures to Build Collaborations	0	4	3	3	1	0
Community Based Organization & Resident Engagement	0	3	6	1	1	0
Partners Across Sections	1	1	5	2	2	0
Organizational Commitment	1	3	5	1	1	0
Funding and Resource Allocation	2	3	5	1	0	0
Embed Equity Principles	1	6	4	0	0	0
Data Collection and Usage	1	5	4	1	0	0
Shared Analysis	3	7	0	1	0	0
Inclusive Decision Making	2	3	5	0	0	0

Appendix 3: Greater Sierra Sacramento (GSS) 2024 Competency Results

The bar graphs below show the number of LHJs in the Greater Sierra Sacramento Region by selected score (1-6) for each competency.

Early		Established		Strong	
1	2	3	4	5	6
Not yet, or learning stage	Planned but not started or in initial/pilot stages of implementation	Working towards this but not fully achieved	Fully Achieved	In place with evidence of its use (e.g., policies, procedures, robust evaluation plan)	Practices are sustainable and ongoing and may be shared with others as “best practices”

Figure 43: GSS Domain 1 (Workforce and Capacity) Assessment Scale Selections by Number of LHJs

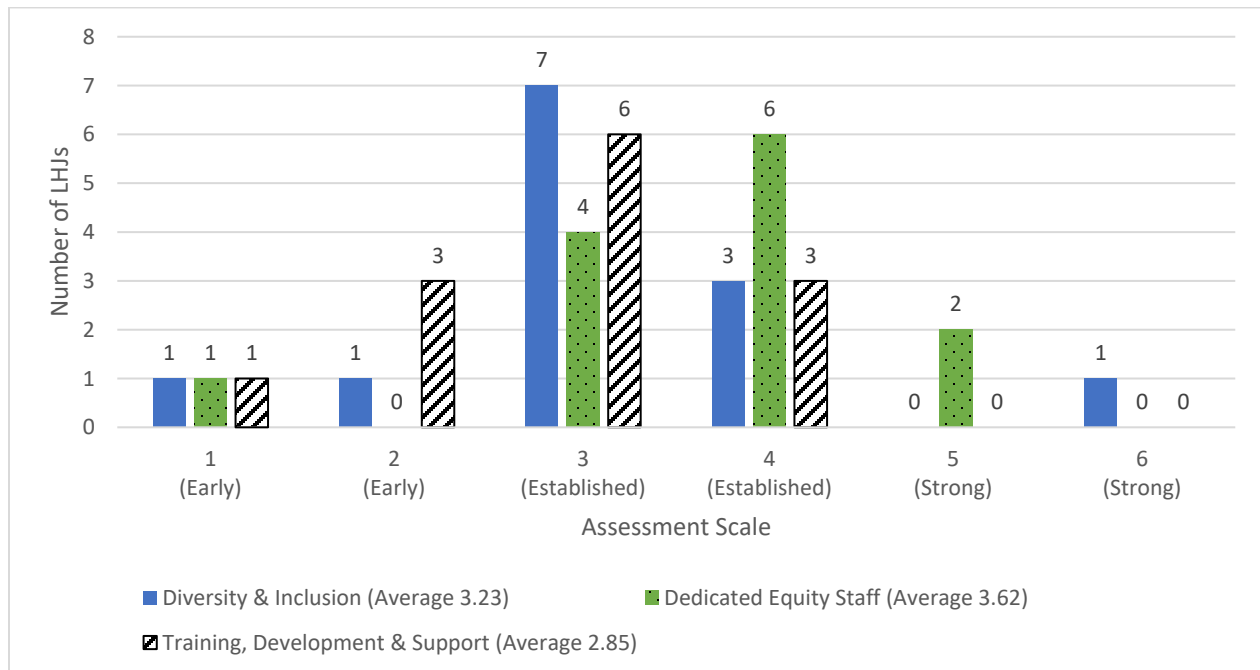


Figure 44: GSS Domain 2 (Collaborative Partnerships) Assessment Scale Selections by Number of LHJs

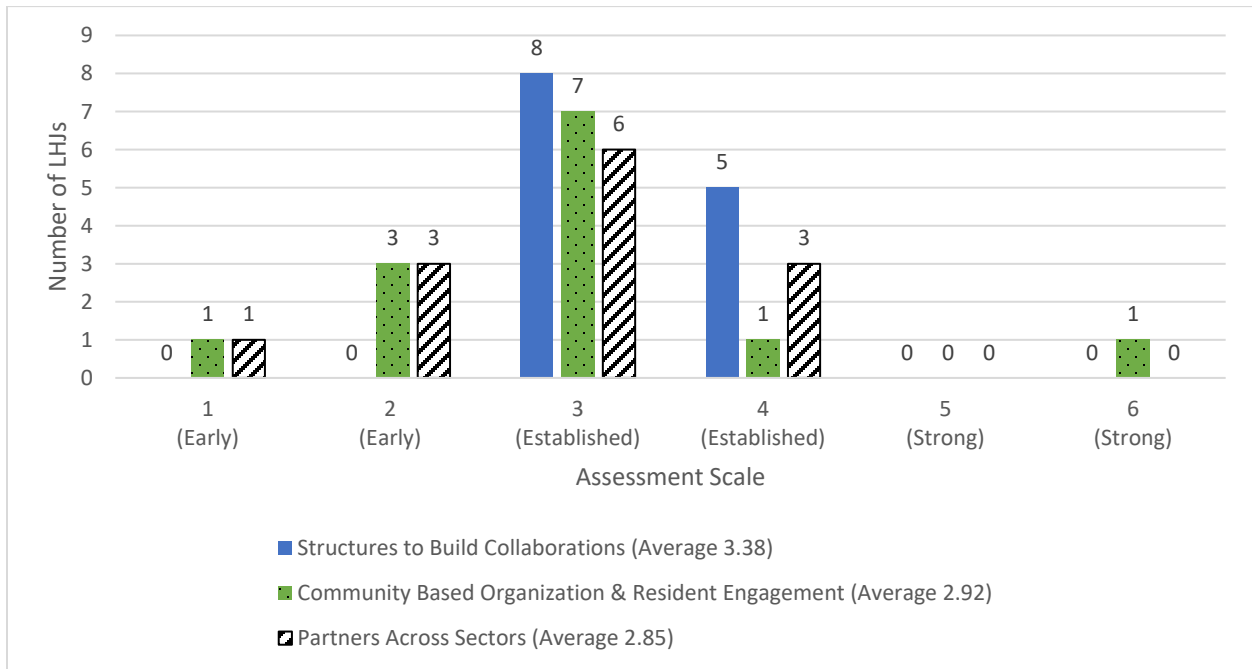


Figure 45: GSS Domain 3 (Equity in Organizational Policies and Practices) Assessment Scale Selections by Number of LHJs

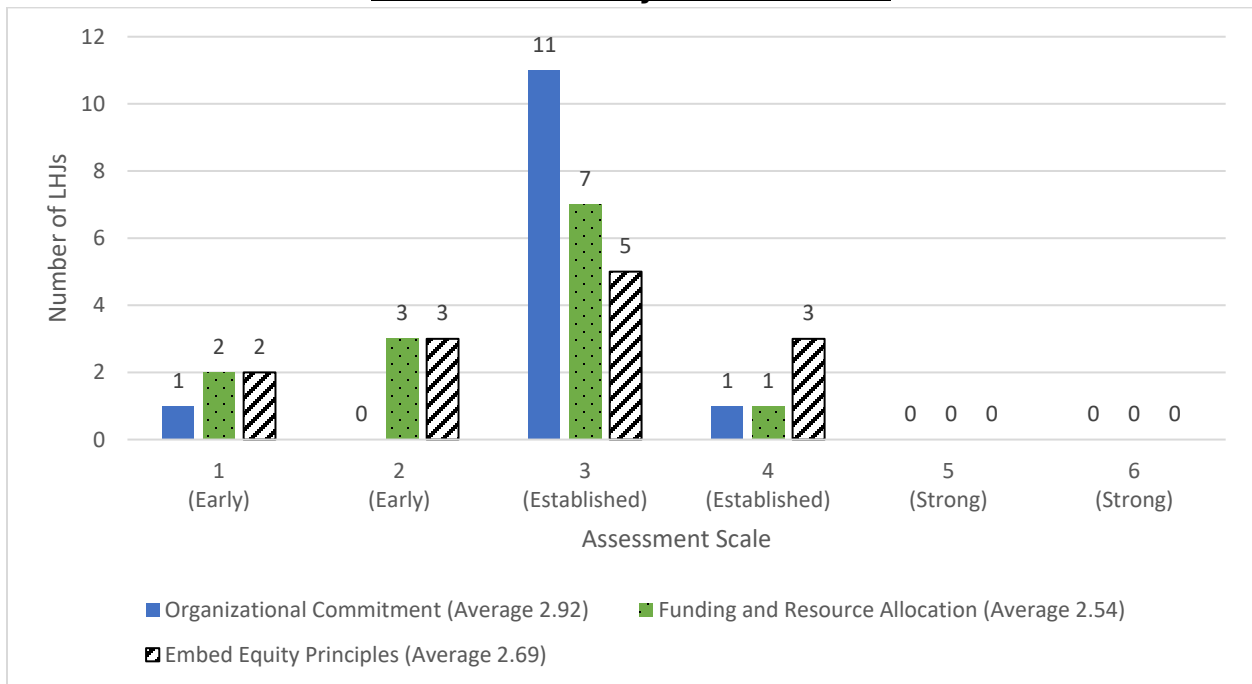


Figure 46: GSS Domain 4 (Planning and Shared Decision-Making) Assessment Scale Selections by Number of LHJs

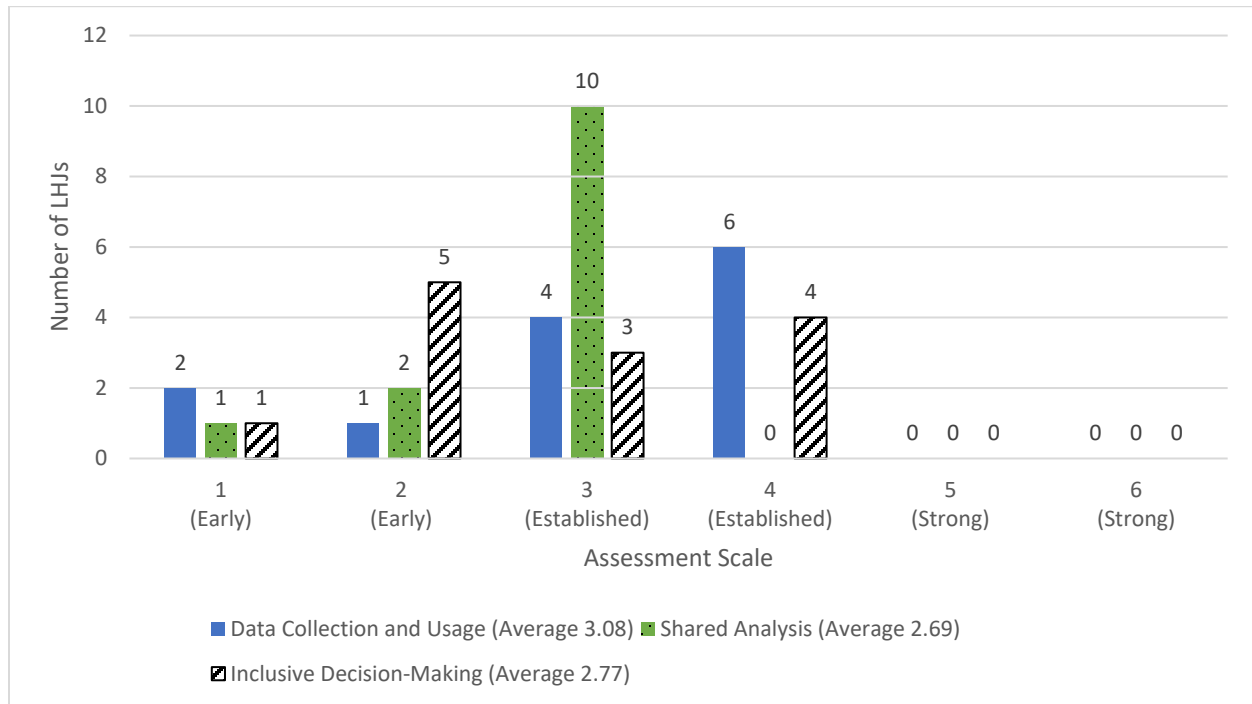


Table 13: Greater Sierra Sacramento Domain Averages 2022-2024

Competency & Domain Names	GSS 2022 Average	GSS 2023 Average	GSS 2024 Average
Diversity & Inclusion	2.25	2.67	3.23
Dedicated Equity Staff	2.25	3.33	3.62
Training, Development, and Support	2.08	2.50	2.85
Domain 1: Workforce and Capacity Average	2.19	2.83	3.23
Structures to Build Collaborations	2.67	2.75	3.38
Community Based Organization & Resident Engagement	2.25	2.42	2.92
Partners Across Sections	2.17	2.67	2.85
Domain 2: Collaborative Partnerships Average	2.36	2.61	3.05
Organizational Commitment	1.92	2.50	2.92
Funding and Resource Allocation	1.92	2.33	2.54
Embed Equity Principles	1.58	2.25	2.69

Domain 3: Equity in Organization Policies and Practices Average	1.81	2.36	2.72
Data Collection and Usage	1.92	2.58	3.08
Shared Analysis	1.67	2.17	2.69
Inclusive Decision Making	1.83	2.50	2.77
Domain 4: Planning and Shared Decision-Making Average	1.81	2.42	2.85

Table 14: GSS Assessment Scale Selections by Number of LHJs, 2024

	Assessment Scale					
Competency Name	1	2	3	4	5	6
Diversity & Inclusion	1	1	7	3	0	1
Dedicated Equity Staff	1	0	4	6	2	0
Training, Development, and Support	1	3	6	3	0	0
Structures to Build Collaborations	0	0	8	5	0	0
Community Based Organization & Resident Engagement	1	3	7	1	0	1
Partners Across Sections	1	3	6	3	0	0
Organizational Commitment	1	0	11	1	0	0
Funding and Resource Allocation	2	3	7	1	0	0
Embed Equity Principles	2	3	5	3	0	0
Data Collection and Usage	2	1	4	6	0	0
Shared Analysis	1	2	10	0	0	0
Inclusive Decision Making	1	5	3	4	0	0

Appendix 4: Central California 2024 Competency Results

The bar graphs below show the number of LHJs in the Central CA region by selected score (1-6) for each competency.

Early		Established		Strong	
1	2	3	4	5	6
Not yet, or learning stage	Planned but not started or in initial/pilot stages of implementation	Working towards this but not fully achieved	Fully Achieved	In place with evidence of its use (e.g., policies, procedures, robust evaluation plan)	Practices are sustainable and ongoing and may be shared with others as “best practices”

Figure 47: Central California Domain 1 (Workforce and Capacity) Assessment Scale Selections by Number of LHJs

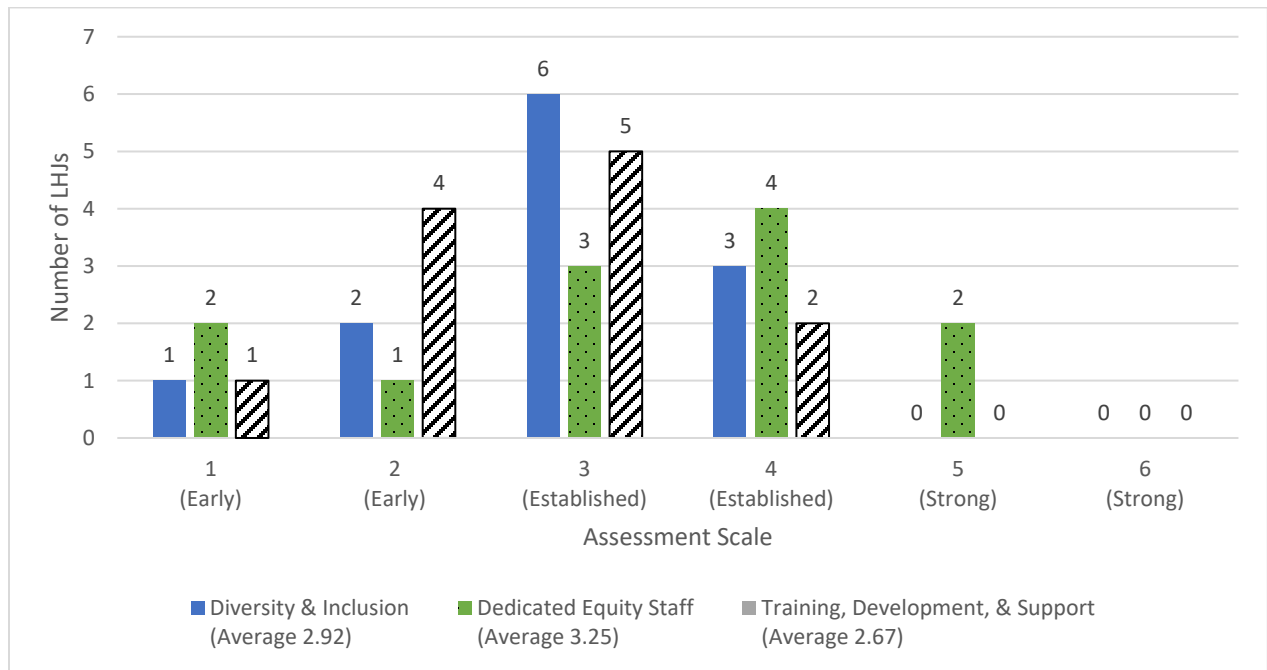


Figure 48: Central California Domain 2 (Collaborative Partnerships) Assessment Scale Selections by Number of LHJs

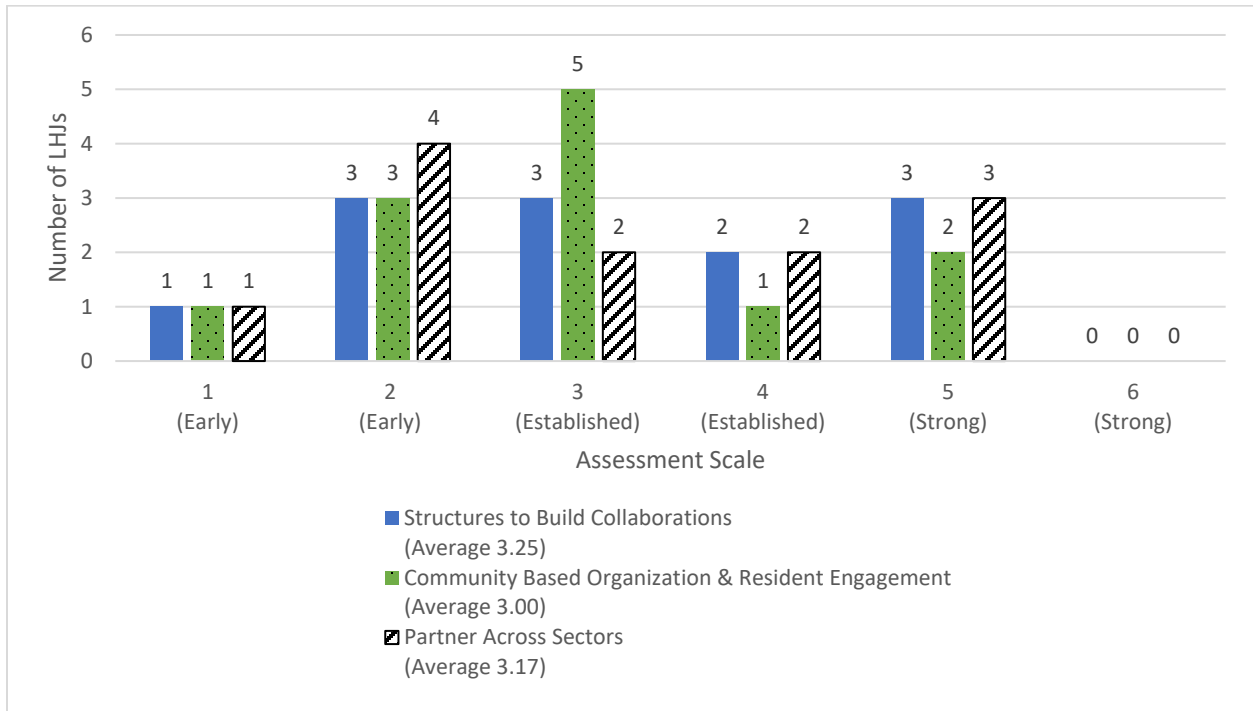
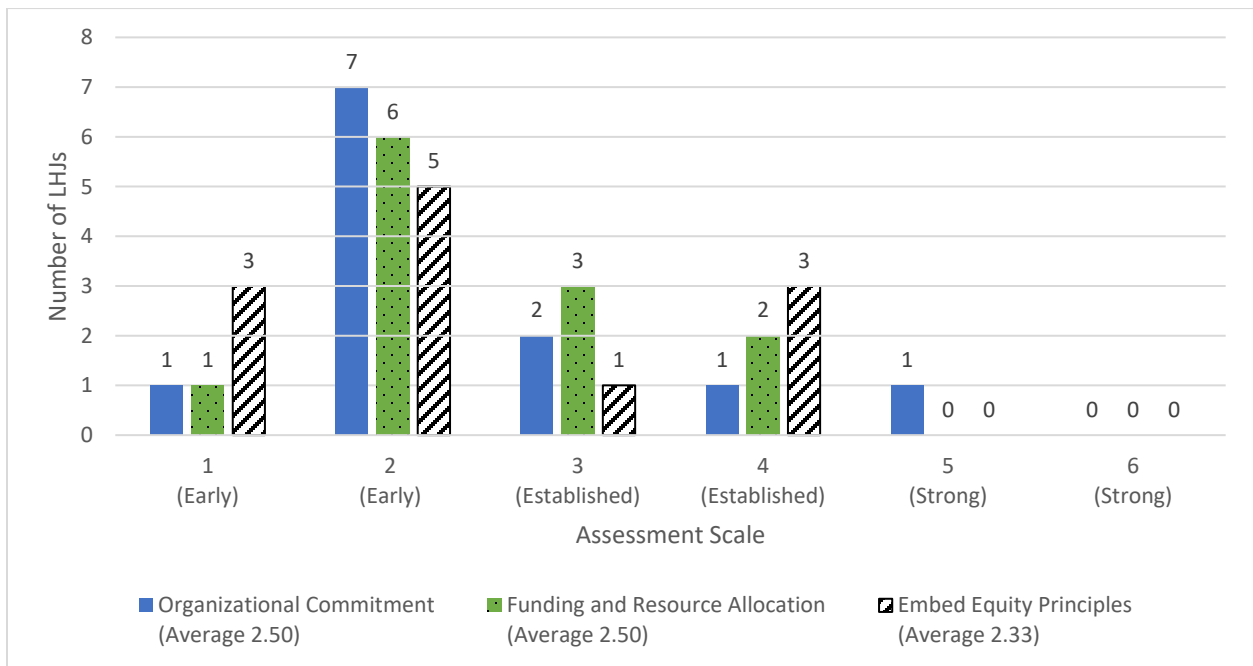


Figure 49: Central California Domain 3 (Equity in Organizational Policies and Practices) Assessment Scale Selections by Number of LHJs



**Figure 50: Central California Domain 4 (Planning and Shared Decision-Making)
Assessment Scale Selections by Number of LHJs**

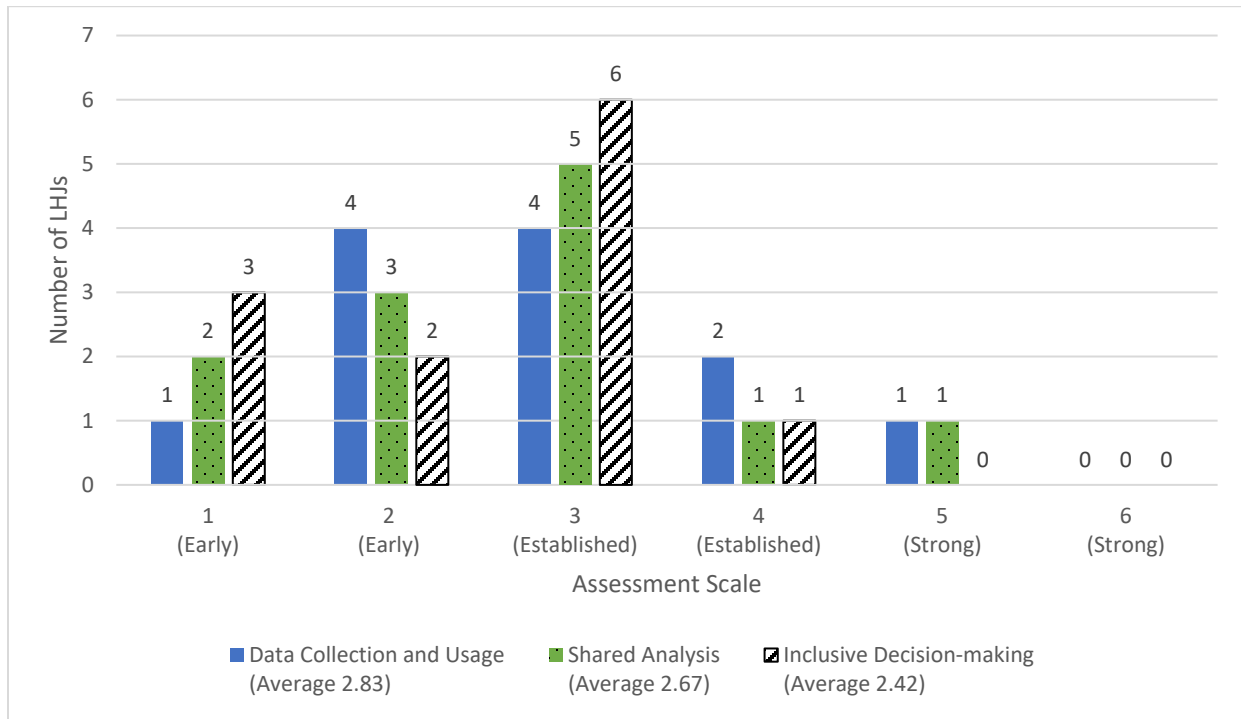


Table 15: Central California Domain Averages 2022-2024

Competency & Domain Names	Central CA 2022 Average	Central CA 2023 Average	Central CA 2024 Average
Diversity & Inclusion	2.58	3.08	2.92
Dedicated Equity Staff	2.83	3.42	3.25
Training, Development, and Support	2.08	2.58	2.67
Domain 1: Workforce and Capacity Average	2.5	3.03	2.94
Structures to Build Collaborations	2.92	3.25	3.25
Community Based Organization & Resident Engagement	2.67	2.92	3.0
Partners Across Sections	2.25	2.67	3.17
Domain 2: Collaborative Partnerships Average	2.61	2.94	3.14
Organizational Commitment	2.08	2.83	2.50
Funding and Resource Allocation	2.08	2.50	2.50
Embed Equity Principles	2.33	2.42	2.33

Domain 3: Equity in Organization Policies and Practices Average	2.17	2.58	2.44
Data Collection and Usage	2.75	2.83	2.83
Shared Analysis	2.42	2.33	2.67
Inclusive Decision making	2.25	2.00	2.42
Domain 4: Planning and Shared Decision-Making Average	2.47	2.39	2.64

Table 16: Central California Assessment Scale Selections by Number of LHJs, 2024

	Assessment Scale					
Competency Name	1	2	3	4	5	6
Diversity & Inclusion	1	2	6	3	0	0
Dedicated Equity Staff	2	1	3	4	2	0
Training, Development, and Support	1	4	5	2	0	0
Structures to Build Collaborations	1	3	3	2	3	0
Community Based Organization & Resident Engagement	1	3	5	1	2	0
Partners Across Sections	1	4	2	2	3	0
Organizational Commitment	1	7	2	1	1	0
Funding and Resource Allocation	1	6	3	2	0	0
Embed Equity Principles	3	5	1	3	0	0
Data Collection and Usage	1	4	4	2	1	0
Shared Analysis	2	3	5	1	1	0
Inclusive Decision Making	3	2	6	1	0	0

Appendix 5: Bay Area 2024 Competency Results

The bar graphs below show the number of LHJs in the Bay Area Region by selected score (1-6) for each competency.

Early		Established		Strong	
1	2	3	4	5	6
Not yet, or learning stage	Planned but not started or in initial/pilot stages of implementation	Working towards this but not fully achieved	Fully Achieved	In place with evidence of its use (e.g., policies, procedures, robust evaluation plan)	Practices are sustainable and ongoing and may be shared with others as "best practices"

Figure 51: Bay Area Domain 1 (Workforce and Capacity) Assessment Scale Selections by Number of LHJs

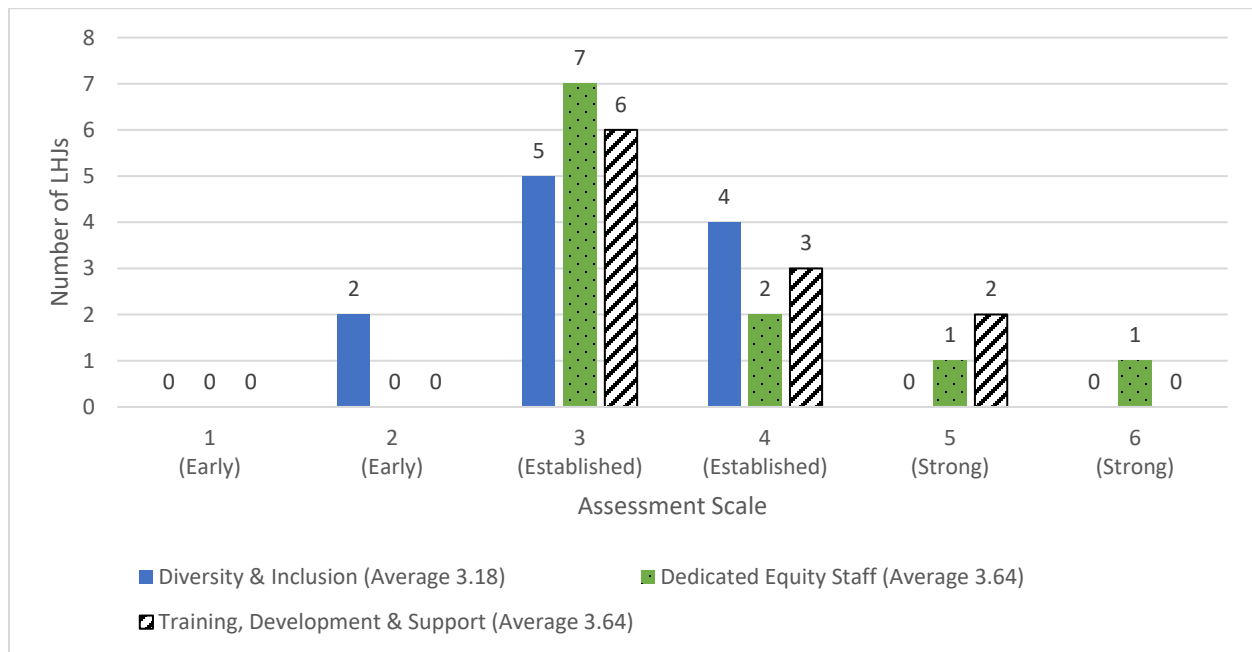


Figure 52: Bay Area Domain 2 (Collaborative Partnerships) Assessment Scale Selections by Number of LHJs

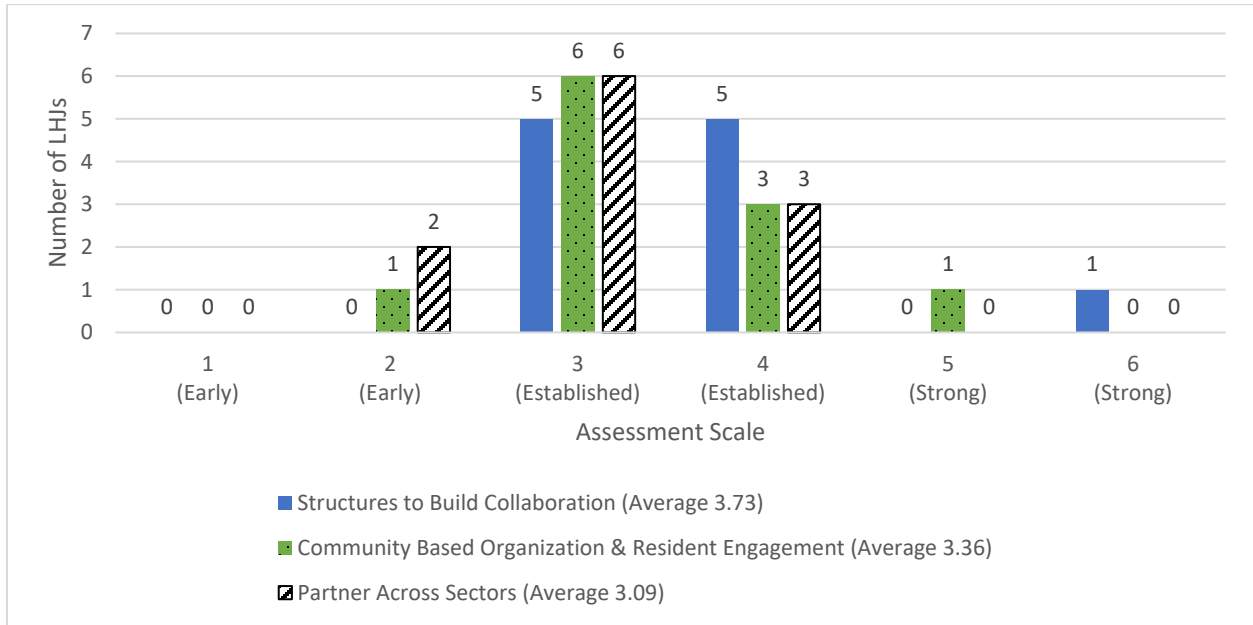


Figure 53: Bay Area Domain 3 (Equity in Organizational Policies and Practices) Assessment Scale Selections by Number of LHJs

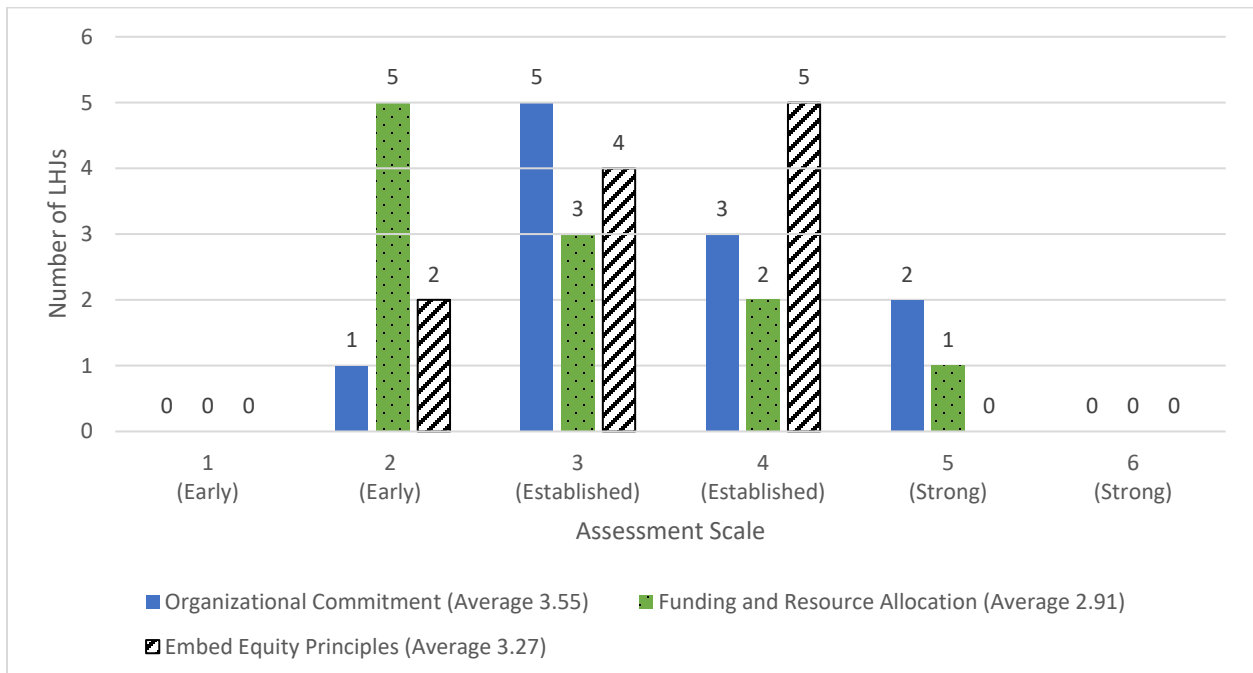


Figure 54: Bay Area Domain 4 (Planning and Shared Decision-Making) Assessment Scale Selections by Number of LHJs

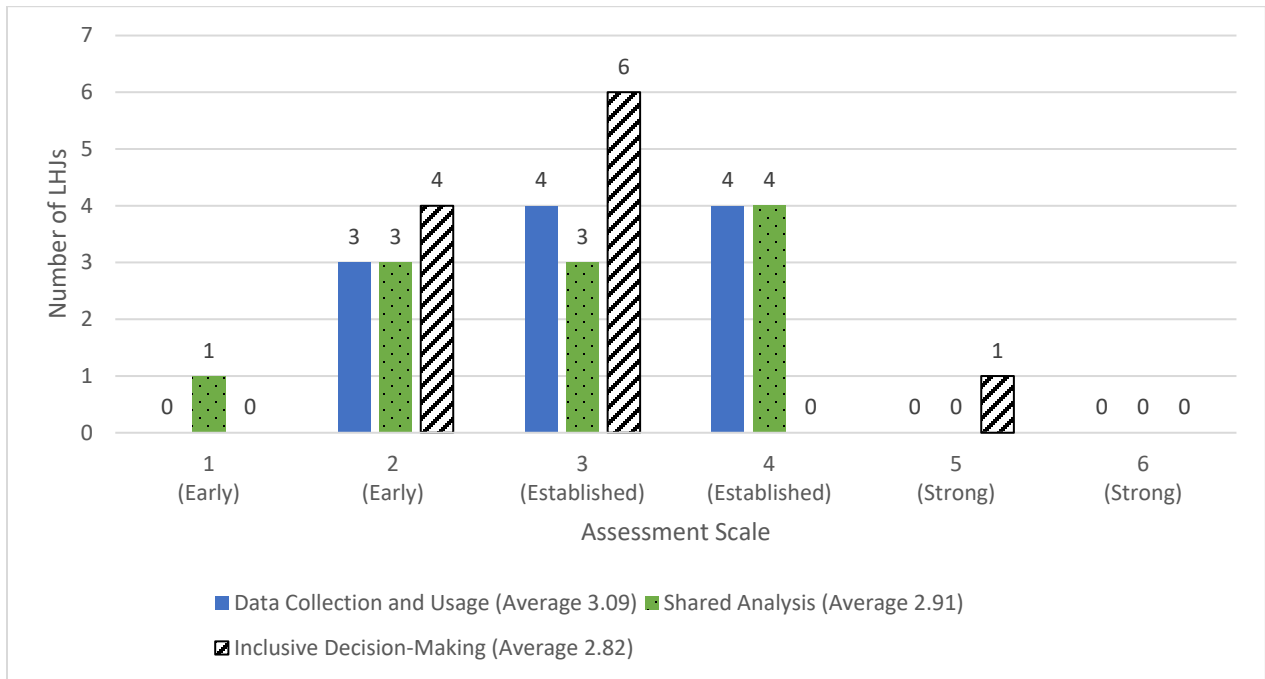


Table 17: Bay Area Domain Averages, 2022-2024

Competency & Domain Names	Bay Area 2022 Average	Bay Area 2023 Average	Bay Area 2024 Average
Diversity & Inclusion	2.55	3.09	3.18
Dedicated Equity Staff	3.36	3.64	3.64
Training, Development, and Support	2.82	3.45	3.64
Domain 1: Workforce and Capacity Average	2.91	3.39	3.48
Structures to Build Collaborations	3.27	3.55	3.73
Community Based Organization & Resident Engagement	2.73	3.18	3.36
Partners Across Sections	2.64	3.00	3.09
Domain 2: Collaborative Partnerships Average	2.88	3.24	3.39
Organizational Commitment	2.73	3.36	3.55
Funding and Resource Allocation	2.27	2.91	2.91
Embed Equity Principles	2.36	2.82	3.27
Domain 3: Equity in Organization Policies and Practices Average	2.45	3.03	3.24
Data Collection and Usage	2.82	3.00	3.09

Shared Analysis	2.18	2.64	2.91
Inclusive Decision Making	2.27	2.64	2.82
Domain 4: Planning and Shared Decision-Making Average	2.42	2.76	2.94

Table 18: Bay Area Assessment Scale Selections by Number of LHJs, 2024

	Assessment Scale					
Competency Name	1	2	3	4	5	6
Diversity & Inclusion	0	2	5	4	0	0
Dedicated Equity Staff	0	0	7	2	1	1
Training, Development, and Support	0	0	6	3	2	0
Structures to Build Collaborations	0	0	5	5	0	0
Community Based Organization & Resident Engagement	0	1	6	3	1	0
Partners Across Sections	0	2	6	3	0	0
Organizational Commitment	0	1	5	3	2	0
Funding and Resource Allocation	0	5	3	2	1	0
Embed Equity Principles	0	2	4	5	0	0
Data Collection and Usage	0	3	4	4	0	0
Shared Analysis	1	3	3	4	0	0
Inclusive Decision Making	0	4	6	0	1	0

Appendix 6: Southern California/Los Angeles 2024 Competency Results

The bar graphs below show the number of LHJs in the Southern California/Los Angeles region by selected score (1-6) for each competency.

Early		Established		Strong	
1	2	3	4	5	6
Not yet, or learning stage	Planned but not started or in initial/pilot stages of implementation	Working towards this but not fully achieved	Fully Achieved	In place with evidence of its use (e.g., policies, procedures, robust evaluation plan)	Practices are sustainable and ongoing and may be shared with others as "best practices"

Figure 55: Southern California/LA Domain 1 (Workforce and Capacity) Assessment Scale Selections by Number of LHJs

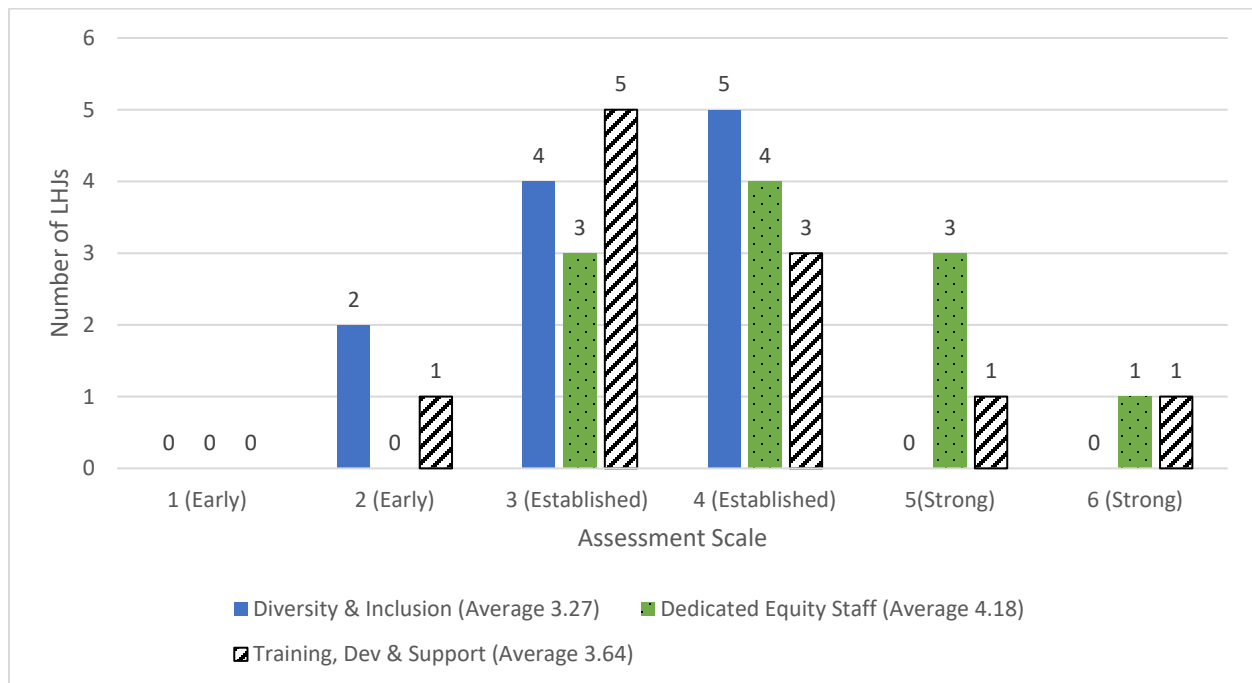


Figure 56: Southern California/LA Domain 2 (Collaborative Partnerships) Assessment Scale Selections by Number of LHJs

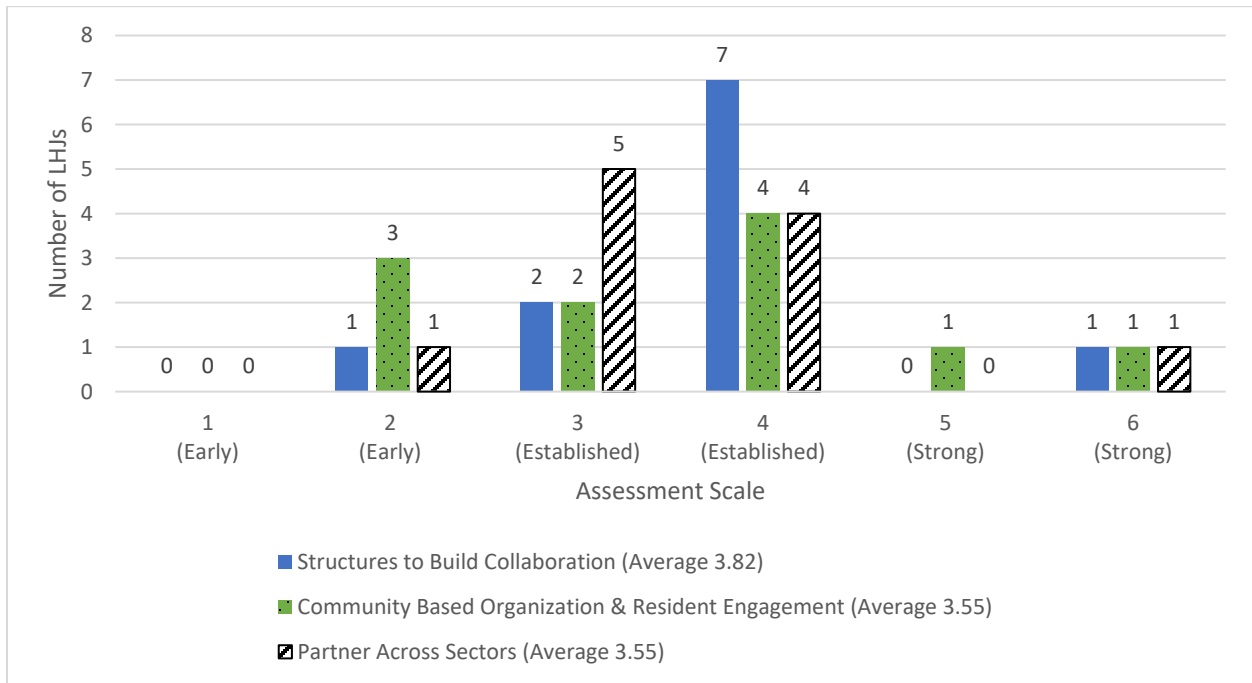
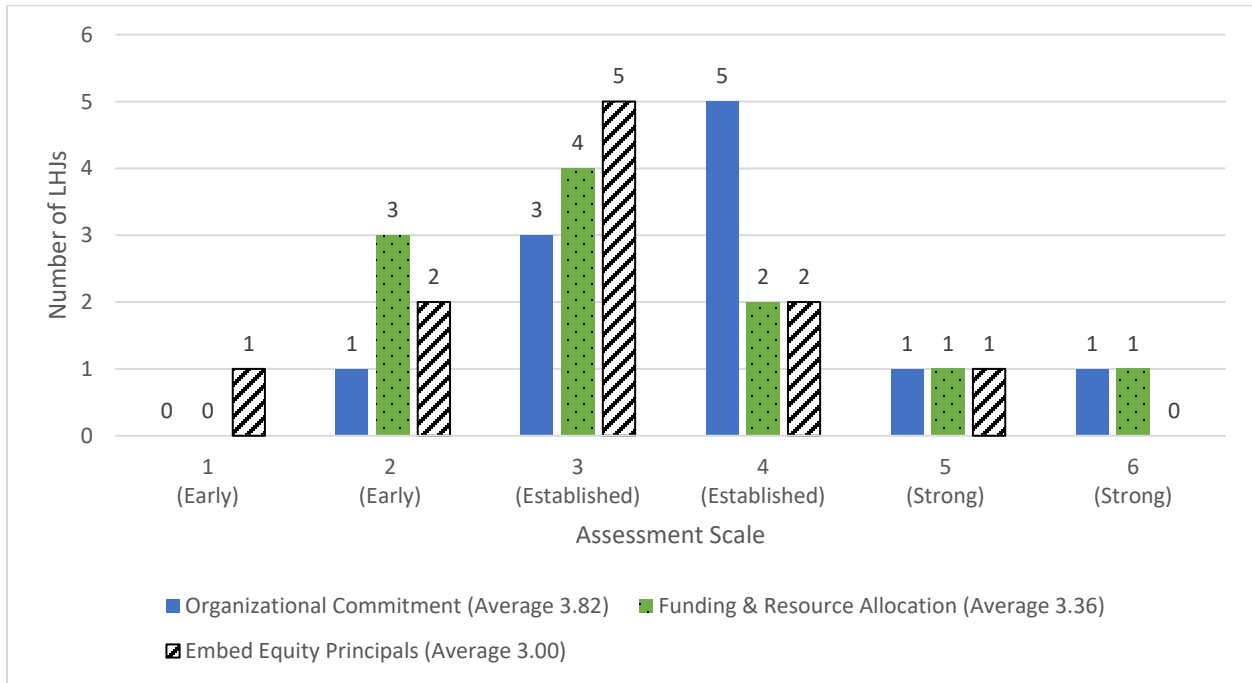


Figure 57: Southern California/LA Domain 3 (Equity in Organizational Policies and Practices) Assessment Scale Selections by Number of LHJs



**Figure 58: Southern California/LA Domain 4 (Planning and Shared Decision-Making)
Assessment Scale Selections by Number of LHJs**

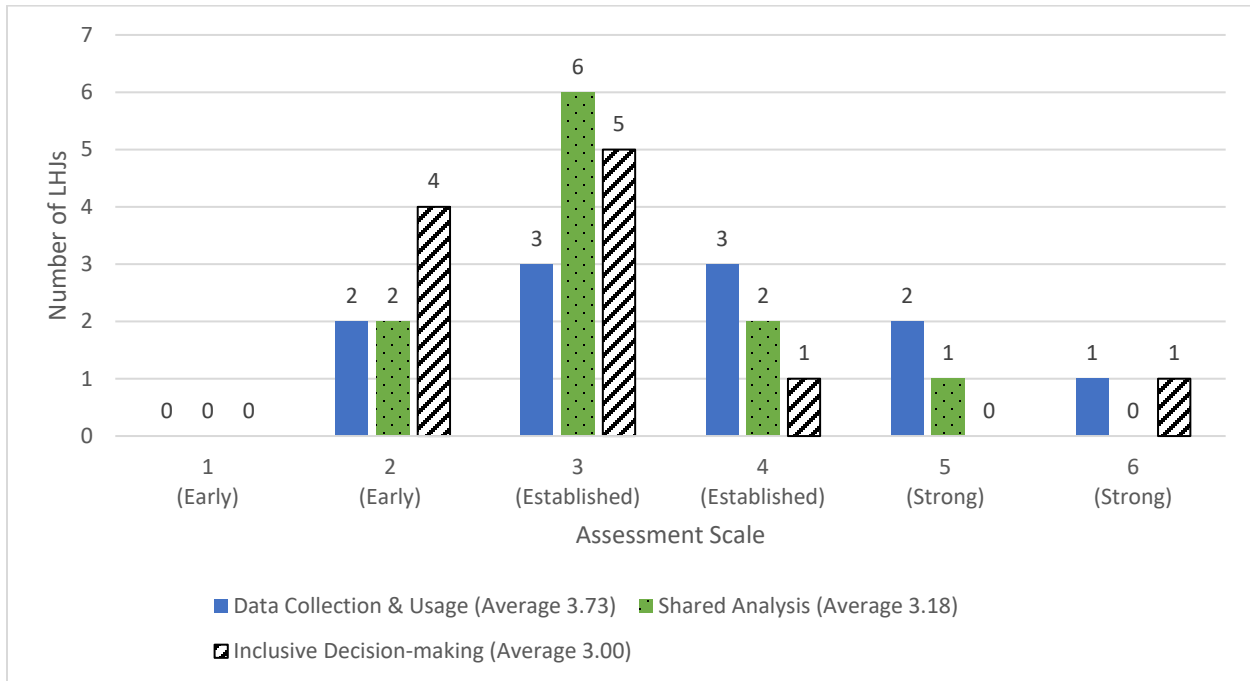


Table 12: Southern California/Los Angeles Domain Averages, 2022-2024

Competency & Domain Names	SoCal/LA 2022 Average	SoCal/LA 2023 Average	SoCal/LA 2024 Average
Diversity & Inclusion	2.69	2.62	3.27
Dedicated Equity Staff	3	3.77	4.18
Training, Development, and Support	2.69	2.69	3.64
Domain 1: Workforce and Capacity Average	2.79	3.03	3.70
Structures to Build Collaborations	3.15	3.31	3.82
Community Based Organization & Resident Engagement	3.15	3	3.55
Partners Across Sections	3	3.08	3.55
Domain 2: Collaborative Partnerships Average	3.1	3.13	3.64
Organizational Commitment	2.92	3	3.82
Funding and Resource Allocation	2.62	2.77	3.36
Embed Equity Principles	2.08	2.31	3.00

Domain 3: Equity in Organization Policies and Practices Average	2.54	2.69	3.39
Data Collection and Usage	3	3.08	3.73
Shared Analysis	2.46	2.54	3.18
Inclusive Decision Making	2.23	2.38	3.00
Domain 4: Planning and Shared Decision-Making Average	2.56	2.67	3.30

Table 20: Southern California/Los Angeles Assessment Scale Selections by Number of LHJs, 2024

	Assessment Scale						
Competency Name	1	2	3	4	5	6	
Diversity & Inclusion	0	2	4	5	0	0	
Dedicated Equity Staff	0	0	3	4	3	1	
Training, Development, and Support	0	1	5	3	1	1	
Structures to Build Collaborations	0	1	2	7	0	1	
Community Based Organization & Resident Engagement	0	3	2	4	1	1	
Partners Across Sections	0	1	3	5	1	1	
Organizational Commitment	0	1	4	2	1	1	
Funding and Resource Allocation	0	3	5	2	1	0	
Embed Equity Principles	1	2	4	0	0	0	
Data Collection and Usage	0	2	3	3	2	1	
Shared Analysis	0	2	6	2	1	0	
Inclusive Decision Making	0	4	5	1	0	1	