Baseline Organizational Assessment for Equity Infrastructure

Results Report

California Department of Public Health

Office of Health Equity

Acknowledgement

Thank you to all the local health jurisdictions for taking the time and energy to complete the assessment. Your leadership in equity and dedication to current equity projects is incredible and inspiring. We hope the assessment initiates conversation that can inform your work just as the results have helped us to strategize our provision of equity-focused technical assistance.

In partnership,

The Equity Technical Assistance Team

Advancing Community Equity Branch, Office of Health Equity

California Department of Public Health

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Baseline Organizational Assessment for Equity Infrastructure

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Executive Summary

Equity recognizes that individuals and groups have different histories and circumstances, and therefore they have unique needs and unequal starting points.[1] Using an equity approach, individuals and groups receive tailored resources, opportunities, support, or treatment based on their specific needs to achieve fair outcomes.

The purpose of the **Baseline Organizational Assessment for Equity Infrastructure** is to provide Local Health Jurisdictions (LHJs) with a streamlined tool to gather baseline data on their current equity infrastructure. The results from the assessment will inform future equity capacity planning in each jurisdiction and across the state. The assessment tool is broken into four overall domains with three competencies per domain (12 competencies total). The domains and competencies identified in the assessment were informed by a July 2021 LHJ survey and other partner equity assessments. Each competency is measured by three levels of progression—**Early, Established**, and **Strong**—on a scale from 1 through 6. All LHJs in the State of California were invited to complete the assessment from March to April 2022. Of the 61 Local Health Jurisdictions that make up California, 59 submissions were received.

A statewide summary of results indicates that Local Health Jurisdictions throughout the State of California are generally in the Early section of the scale with opportunities to increase and improve equity infrastructure. The domain averages are as follows:

Domain 1 – Workforce and Capacity average of **2.55/6**
Domain 2 – Collaborative Partnerships average of **2.64/6**
Domain 3 – Equity in Organizational Policies and Practices average of **2.16/6**
Domain 4 – Planning and Shared Decision-Making average of **2.23/6**

Of the 12 competencies identified in the assessment, Local Health Jurisdictions identified the following areas as priorities to work on:

A. **Training, Development and Support**, found in Domain 1: Workforce and Capacity
B. **Embed Equity Principles**, found in Domain 3: Equity in Organizational Principles
C. **Inclusive Decision-Making**, found in Domain 4: Planning and Shared Decision-Making

The results of this assessment are further broken down into five regions as shown in Figure 1: Northern California (also known as RANCHO - Rural Association of Northern California Health Officers), Greater Sacramento, San Joaquin Valley, Bay Area (also known as ABAHO – Association of Bay Area Health Officials), and Southern California.

[1] CDPH Racial and Health Equity Glossary of Terms

Figure 1: Regions in California

Key commonalities and differences were found between these regions and the state:

- Domain 1: Workforce and Capacity and Domain 2: Collaborative Partnerships were found to be the highest scoring competencies for all regions.
- Domain 3: Equity in Organizational Policies and Practices and Domain 4: Planning and Shared Decision-Making were found to be in the earlier stages of development.
- Southern California is the only region that had a domain average over 3 (Collaborative Partnerships, average 3.10/6).
- Southern California and Bay Area have individual competency average scores ranging from 3 to 3.6. All other regions have competency average scores under 3.

California has many opportunities to increase equity efforts and processes in various areas across LHJ organizations and communities. LHJs are actively working to increase equity capacity with the support of initiatives such as CERI.

Background

The Office of Health Equity in conjunction with the Office of Strategic Development and External Relations (also known as the Fusion Center) in the California Department of Public Health (CDPH) developed the **Baseline Organizational Assessment for Equity Infrastructure** (Baseline Assessment) to initiate dialogue, gather insights on the current state of each Local Health Jurisdiction (LHJ), and bring to light considerations that help focus internal priorities to strengthen LHJ capacity in order to plan equity work. Results from this baseline assessment will 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).

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]), a grant 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 Baseline Organizational Assessment for Equity Infrastructure fulfills one of the key required activities of the CERI grant. Regardless of grant participation, all LHJs were invited and encouraged to fill out the assessment, and a total of **59 out of 61** LHJs submitted their results.

Approach

Local health jurisdictions completed the assessment between March and April 2022. Recognizing each LHJ is in a unique position with different levels of resources and needs, the LHJs were given the liberty to complete the assessment as they desired. Collaborative approaches such as cross-organizational engagement at different positional levels and across a breadth of programs were suggested.

Definitions, Domains, and Competencies

The assessment is divided into four domains and sub-divided into three competencies. Domains and competencies (Table 1) were identified by LHJ feedback from a July 2021 survey 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.

Baseline 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 2: Baseline 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"

LHJs were asked to select the number with which their organization most aligned. It was emphasized that the intention was not to evaluate their work; "Early" is not synonymous to "bad" and "Strong" does not necessarily mean "good." The examples provided for each competency were meant to serve as a reference to help LHJs reflect on how equity is potentially embedded throughout their department and were not a comprehensive list or checklist of requirements (see Appendix 2 for full assessment). 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.

In addition to selecting numerical competency levels according to the assessment scale, LHJs were asked to choose two or three competencies that they would like to prioritize in the future. At the end of the assessment, LHJs were also asked to describe the strengths that their organization demonstrates regarding equity in an optional short paragraph.

Strengths & Limitations of Assessment

The Baseline Assessment received positive reactions from the LHJs. One of the strengths of this assessment is the short and concise survey format. LHJs submitted their responses via SurveyMonkey, leading to a high response rate of 59/61. Many expressed that the process of using the tool helped them take a closer look at their department and the equity work they have done so far. Feedback from the LHJs identified the assessment as a great way to begin discussions on how their LHJ can make changes moving forward.

> *"[Our LHJ] really appreciated this tool and having enough time to complete it as a team. Filling out the survey was facilitated at the Office of the Director level, and each Division completed their own version. We then came together and discussed the results and had the opportunity to learn from each other within this sphere. Although we are still working through the details of our RFP to hire an equity consultant to support this work, completing this survey and using it as a continued benchmark serves as a great launching point for us to start and continue this work as a department."*

There were three evident limitations that we encountered as we reviewed the results. The first is the lack of response to optional questions that provided informative comments about score selections and/or unique examples of work being done. The second limitation is the potential of desirability bias (tendency to answer in a way that will be favorable to others) in responses. While results are deidentified and CDPH tried to reassure LHJs that results would not have any negative repercussions, there is always the possibility of skewed answers. The last limitation is that LHJs had different approaches to completing the assessment, as CDPH did not require a specific approach (given that each LHJ is structured differently). Examples of different approaches include: having their health equity coordinator fill out the assessment individually; conducting key informant interviews to access equity work first; and having each department take the assessment and then aggregate scores among others. This variation in approaches could mean that baseline scores between LHJs are not entirely comparable given the differing methods and perspectives of the staff completing the assessment.

Results

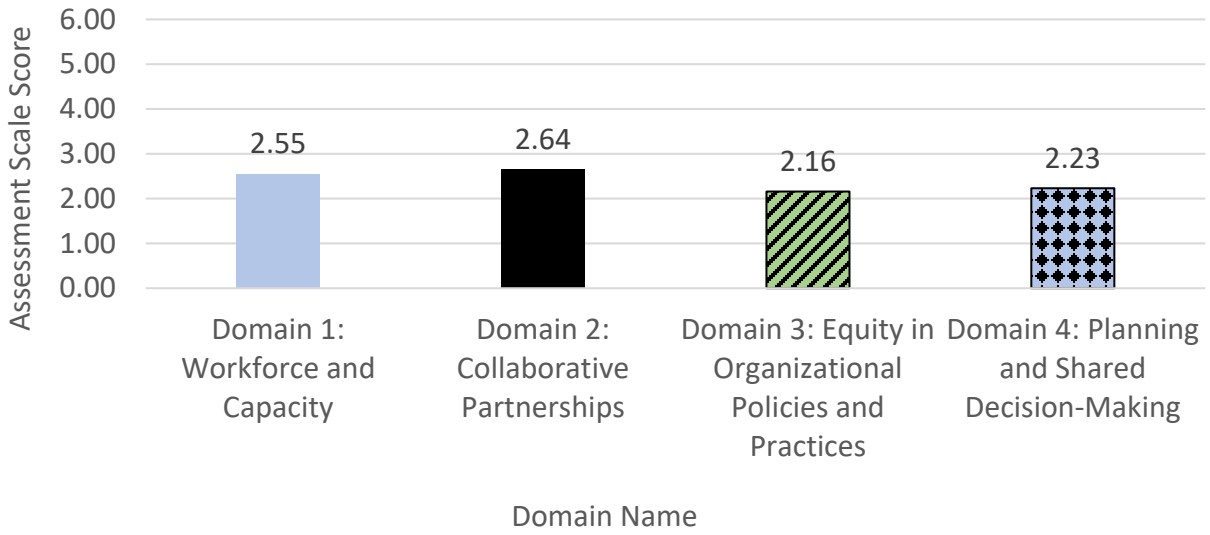
State Results

Submissions from 59 LHJs were analyzed to establish a baseline of equity infrastructure across the State of California. Results are fully broken down by region in Appendix 1.

Domain Average Results for the State of California

Competency results from each domain were combined to calculate the domain average score across the state. While some LHJs did select the upper categories of the scale (4-6), the majority selected 2-3 for most competencies, leading to all domains having an average between 2 and 3, indicating the LHJs are generally moving from Early to Established.

Figure 3: State Domain Average Results

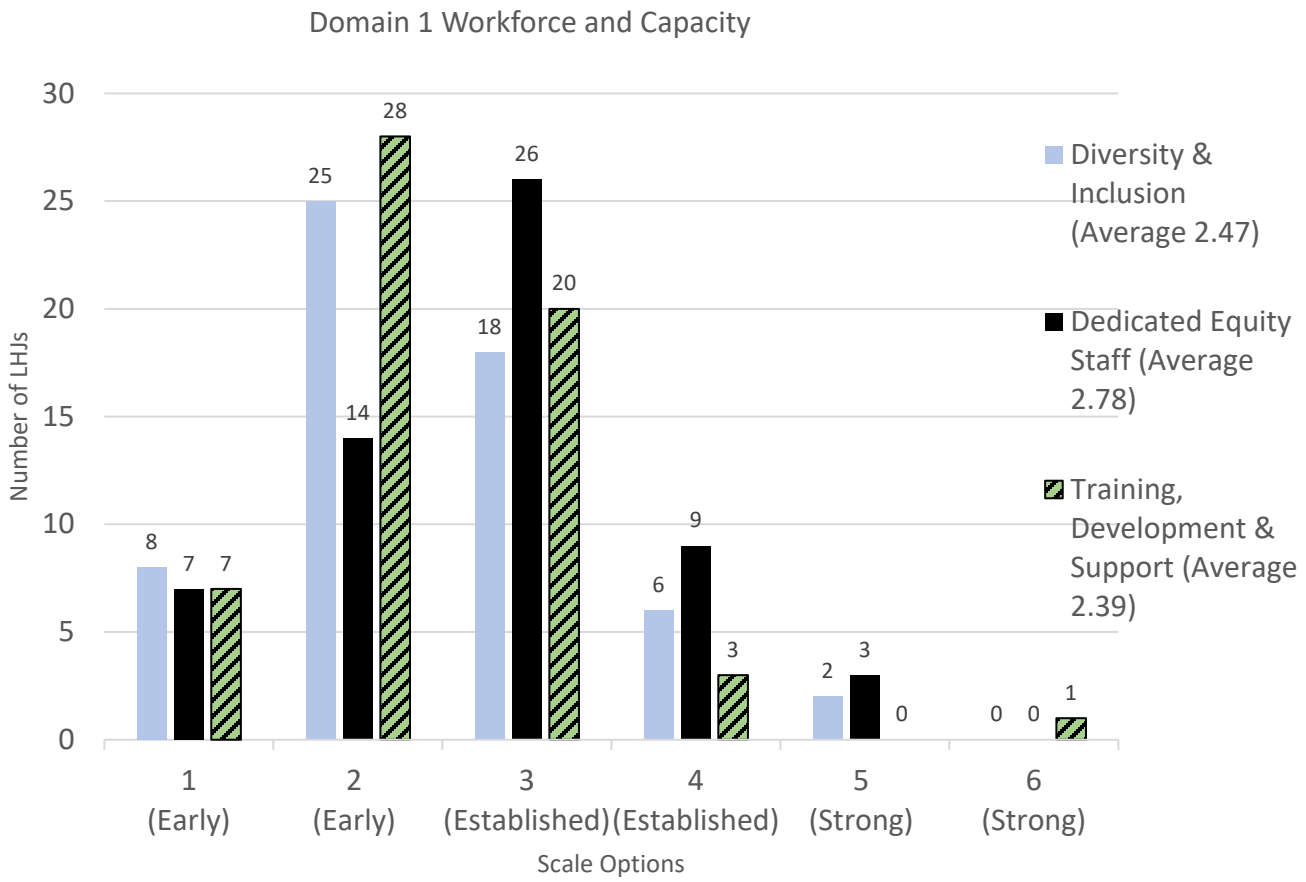


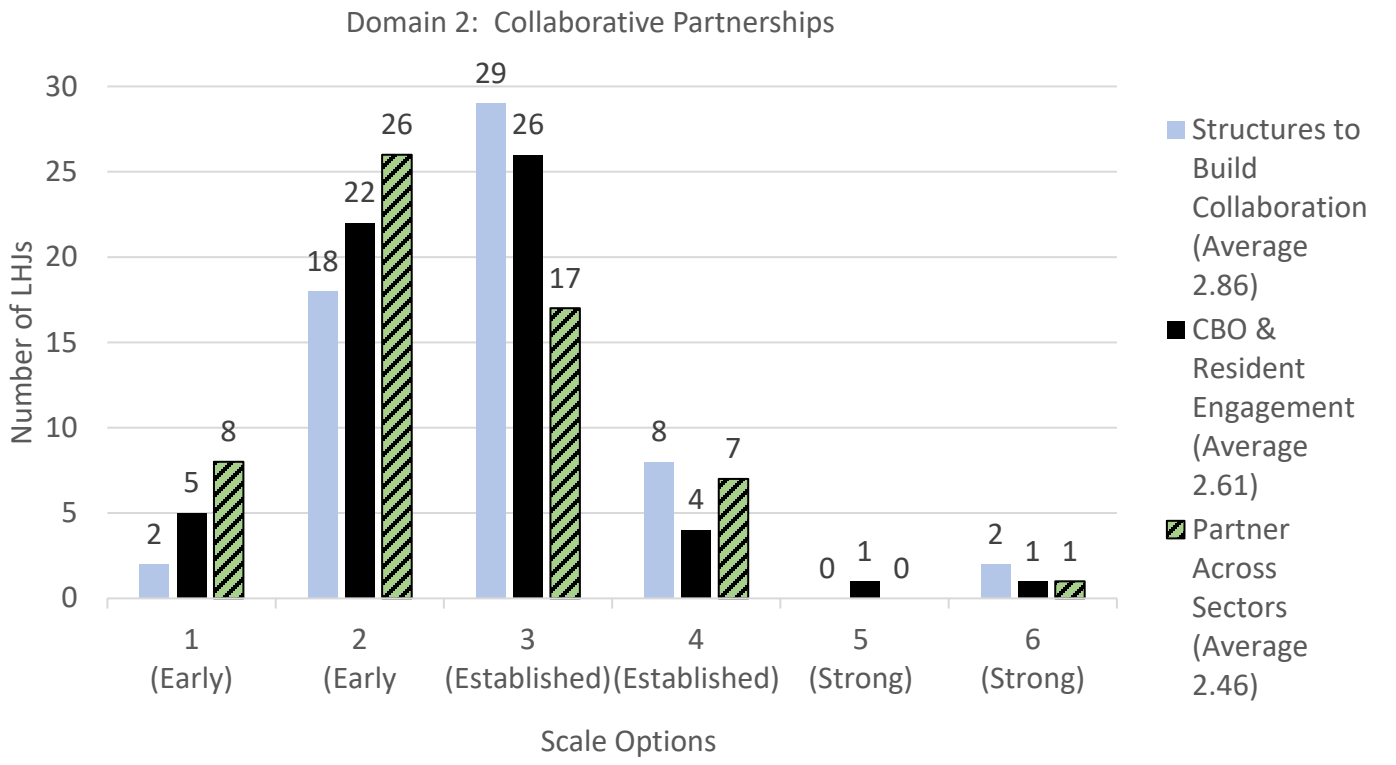
State Competency Results

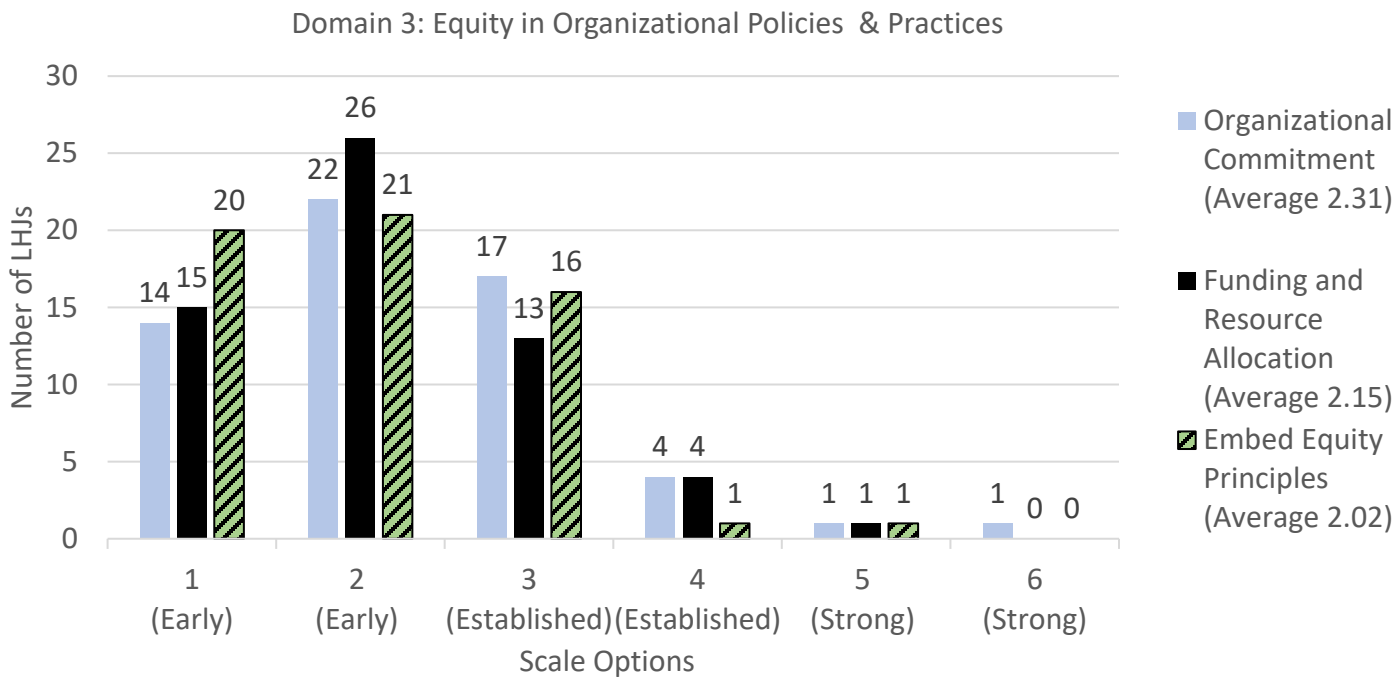
We can see the make-up of the domain averages by looking at the 3 competencies included in each domain. All competency average scores were less than 3, but as we can see in the graphs, there were LHJs that self-selected into the Established (3-4) and Strong (5-6) range in at least one competency for each domain.

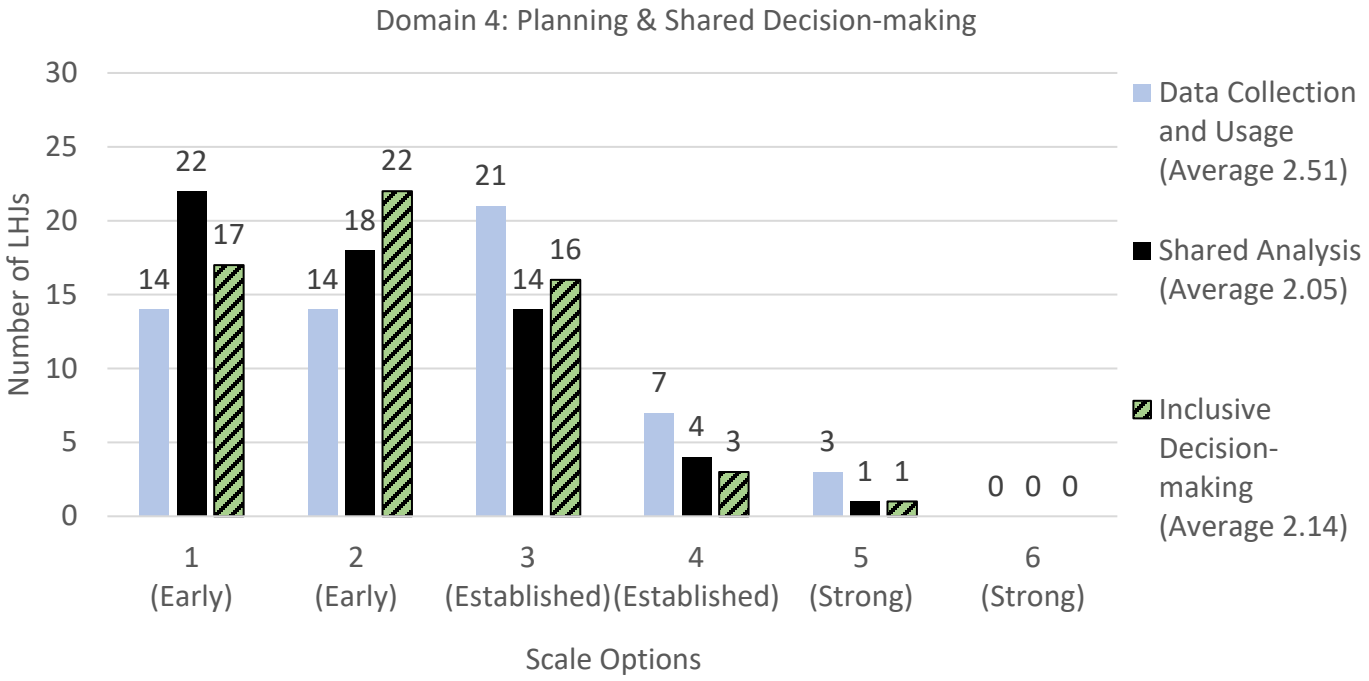
- There were 56 LHJs that selected a 3 (Established) in at least one competency and 26 LHJs that selected a 4 (Established) for at least one of their competencies.
- A total of 6 LHJs selected either a 5 or 6 (Strong) in at least one competency for each domain.
- While **Embed Equity Principles** competency was the least developed competency with an average of 2.02/6 (in Domain 3), **Shared Analysis**, average score of 2.05/6 (in Domain 4), had the greatest number of LHJs select a 1 (Early).

Figure 4: State Competency Results




Domain 2: Collaborative Partnerships
Number of LHJs
30
25
20
15
10
5
0
2
5
8
18
22
26
29
26
17
8
4
7
0
1
0
2
1
1
1 (Early)
2 (Early
3 (Established)
4 (Established)
5 (Strong)
6 (Strong)
Scale Options
Structures to Build Collaboration (Average 2.86)
CBO & Resident Engagement (Average 2.61)
Partner Across Sectors (Average 2.46)


Domain 3: Equity in Organizational Policies & Practices
Number of LHJs
30
25
20
15
10
5
0
14
15
20
22
26
21
17
13
16
4
4
1
1
1
1
1
0
0
1 (Early)
2 (Early)
3 (Established)
4 (Established)
5 (Strong)
6 (Strong)
Scale Options
Organizational Commitment (Average 2.31)
Funding and Resource Allocation (Average 2.15)
Embed Equity Principles (Average 2.02)



State & Regional Domain and Competency Highlights

Regional competency averages were very similar across the five regions, but there were some differences that were easily spotted as results were analyzed:

- The Bay Area region had all competency averages above the state average.
- Southern California had five competency averages in the Established category (3-4): Dedicated Equity Staff (3/6), Structures to Build Collaboration (3.15/6), Partner Across Sectors (3.0/6), Community Based Organization & Resident Engagement (3.15/6), and Data Collection & Usage (3/6).
- Average domain scores in Greater Sacramento and RANCHO were in earlier stages of development than the average domain scores for the rest of the state. Domain 3: Equity in Organizational Policies and Practices and Domain 4: Planning and Shared Decision-Making both had an average domain score under 2, putting them firmly in the Early category.
- Greater Sacramento shares the same highlights as the overall state in Table 2.
- Northern CA and the Bay Area share the same highlights in Table 2.

Table 2: Domain & Competency Average Highlights by Region

Region	Most Developed Domain/Competency	Earliest Developed Domain/Competency
Overall State of CA	Domain 2: Collaborative Partnerships, 2.64/6 **Competency:** Structures to Build Collaboration, 2.86/6 (Domain 2)	Domain 3: Equity in Organizational Policies and Practices, 2.16/6 **Competency:** Embed Equity Principles, 2.02/6 (Domain 3)
Norther CA (RANCHO)	Domain 1: Workforce and Capacity, 2.33/6 **Competency:** Dedicated Equity Staff, 2.45/6 (Domain 1)	Domain 3: Equity in Organizational Policies and Practices, 1.79/6 **Competency:** Shared Analysis, 1.45/6 (Domain 4)
Greater Sacramento	Domain 2: Collaborative Partnerships, 2.36/6 **Competency:** Structures to Build Collaboration, 2.67/6 (Domain 2)	**(tie)** Domain 3: Equity in Organizational Policies and Practices & Domain 4: Planning and Shared Decision-Making, 1.81/6 **Competency:** Embed Equity Principles, 1.58/6 (Domain 3)
San Joaquin Valley	Domain 2: Collaborative Partnerships, 2.61/6 **Competency:** Structures to Build Collaboration, 2.92/6 (Domain 2)	Domain 3: Equity in Organizational Policies and Practices, 2.17/6 **Competency (tie)**: Training, Development, and Support (Domain 1), Organizational Commitment (Domain 3), Funding and Resource Allocation (Domain 3), 2.08/6
Bay Area (ABAHO)	Domain 1: Workforce and Capacity, 2.91/6 **Competency:** Dedicated Equity Staff, 3.36/6 (Domain 1)	Domain 4: Planning and Shared Decision-Making, 2.42/6 **Competency:** Shared Analysis, 2.18/6 (Domain 4)
Southern California	Domain 1: Workforce and Capacity, 3.10 **Competency (tie)**: Structures to Build Collaboration & Community Based Organization and Resident Engagement, 3.15 (Domain 2)	Domain 3: Equity in Organizational Policies and Practices, 2.54/6 **Competency:** Embed Equity Principles, 2.08/6 (Domain 3)

State & Regional Competency Priorities for Future Improvement

The top three competencies LHJs selected to prioritize are **Training, Development, and Support** (Domain 1: Workforce and Capacity), **Embed Equity Principles** (Domain 3: Equity in Organizational Policies and Practice), and **Inclusive Decision-making** (Domain 4: Planning and Shared Decision-Making). These competencies also landed on the lower end of the competency averages (all under 2.5/6); showing alignment between need and want among LHJs.

Table 3: State LHJ Competency Priorities

Competency Name	Percentage (%)
Diversity and Inclusion	14%
Dedicated Equity Staff	20%
Training, Development, and Support	**59%**
Structures to Build Collaboration	12%
Community Based Organization and Resident Engagement	20%
Partner Across Sectors	17%
Organizational Commitment	14%
Funding and Resource Allocation	19%
Embed Equity Principles	**39%**
Data Collection and Usage	22%
Shared Analysis	10%
Inclusive Decision-making	**36%**

Regional competency priorities highlight the diversity of needs among the regions.

- The Bay Area region selected the most varied competency priorities and had the greatest number of LHJs select **Inclusive Decision-making** as a priority.
- For Greater Sacramento, San Joaquin, and Southern California regions, the number one competency priority is **Training, Development, and Support**. Many LHJs in these regions expressed that staff needed more support with health equity trainings to understand the causes of inequities and better address them.
- RANCHO was the only region to have **Dedicated Equity Staff** as a top three priority even though it has one of the highest averages in both RANCHO and the state.

Table 4: Top Competency Priorities by Region

Region	Competency Priorities
RANCHO	Dedicated Equity Staff Training, Development, and Support Embed Equity Principles Data Collection and Usage
Greater Sacramento	Training, Development, and Support Embed Equity Principles Data Collection and Usage
San Joaquin Valley	Training, Development, and Support Embed Equity Principles Inclusive decision-making
Bay Area	Diversity and Inclusion Training, Development, and Support Community-Based Organization and Resident Engagement Partner Across Sectors Embed Equity Principles Inclusive decision-making
Southern California	Training, Development, and Support Embed Equity Principles Inclusive decision-making

Discussion & Recommendations for LHJs

Health equity refers to **"circumstances in which all people have the opportunities and resources necessary to lead healthy lives"[2].** To have equity become a priority in public health, "special attention to the needs of those at greatest risk of poor health"[3] must be considered and organizations need to address long ignored issues in their communities.

These issues can arguably, be summed into the twelve competencies of the Baseline Assessment. While there are similarities in domain and competency averages, they are not identical and are reflective of different realities and needs that Local Health Jurisdictions are facing, individually and regionally. These differences are an opportunity for collaboration as the "weakness" for one LHJ is the "strength" of another.

The Equity Technical Assistance (TA) Team within the Office of Health Equity is providing recommendations on select competencies. These recommendations are based on the top three self-selected competency priorities for the state (Training, Development, and Support; Embed Equity Principles; and Inclusive Decision-making). Embed Equity Principles is also the competency with the least developed average among the 12, throughout the state.

[2] CDPH Glossary of Terms
[3] CDPH Glossary of Terms

The Equity TA team encourages LHJs to **share** critical steps they hope to pursue in order to improve their equity infrastructure. Additionally, if any LHJs have any recommendations 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.
    - Offer equity training beyond foundational lessons (e.g., equity in public health priorities such as chronic diseases, climate change, etc.).
    - Consider forming equity groups within the LHJ (Latinx, LGBTQ+, Black etc.).

- Inclusive Decision-Making Recommendations:
    - Establish community advisory committee(s) comprised of diverse community members/stakeholders to helps plan the development of activities and policies.
    - 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). Consider exploring the Spectrum of Community Engagement to Ownership in order to advance along the continuum towards community ownership and power[4].
    - Leverage community knowledge for cultural competency and linguistic guidance in new policies and programs.

- 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.
    - Find opportunities of any size to integrate equity in multiple departments and/or throughout levels of the organization (handbook, memos, policies, etc.).
    - Utilize an equity budget tool to ensure the organization's budget allocations align with equity goals, policies, and/or values.

Next Steps & Conclusion

The **Baseline Organizational Assessment for Equity Infrastructure** was meant to be a tool that helps LHJs gather baseline data and guide improvement planning for their equity efforts. As for CDPH, the results of the assessment help assess where the state of California (as a whole and regionally) is in its health equity journey and dictate how CDPH can best partner with LHJs to

[4] The Spectrum of Community Engagement to Ownership

provide tailored technical assistance. Feedback on TA services will be solicited periodically, and services will be modified accordingly to fit the needs and goals of LHJs.

During the month when the Baseline Assessment was released, the Equity TA Team held weekly Office Hours to discuss strategies and answer questions regarding the assessment. Positive feedback from LHJs on Office Hours encouraged the TA Team to continue holding monthly Office Hours to provide support, share resources, and foster a collaborative learning environment among LHJ peers on topics they identity as priorities and state priority competencies. Other upcoming TA resources planned include:

- A monthly newsletter developed to share relevant news and resources, as well as spotlight best practices and success stories on competencies from LHJs. To sign up, please email the TA Equity team at: equityteam@cdph.ca.gov
- An online portal is currently being developed as a space for LHJs to submit inquiries and find resources on various topics related to equity.
- A virtual toolkit to provide a comprehensive look into the definitions of the domains and competencies from the assessment as well as select resources to aid LHJ work and inclusion of these competencies to build equity infrastructure.
- Regional Technical Assistance delivered by five organizations with ample experience in each of the 5 regions[5]. These partners have direct experience in the community and will address region-specific needs and concerns and work in partnership with the CDPH Equity TA team.

The Equity TA Team is developing resources and will conduct individualized consultations with each LHJ to review the results and assess competencies LHJs would like to focus on. 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 conducting health equity activities laid out in their workplans (if part of CERI) and receiving technical assistance, the same organizational assessment will be given to LHJs near the end of the CERI grant period as a post-assessment to capture progress on the domains and competencies. The goal is that through shared state, regional, and local efforts, each LHJ will advance along the continuum (for example: move from a score of 2 on Diversity and Inclusion to a score of 3). It is important to note that LHJs are not expected to reach a 6 by the end of the grant period. Equity work is long and can be arduous, therefore any incremental progress made towards equity is a great accomplishment.

[5] The five organization are: the California Center for Rural Policy (CCRP) for Northern California, California for Health (CA4Health) for Greater Sacramento, the San Joaquin Valley Public Health Consortium (SJVPHC) for the San Joaquin Valley, the Bay Area Regional Health Inequities Initiative (BARHII) for the Bay Area, and the Public Health Alliance of Southern California (The Alliance) for Southern California.

Appendix

Appendix 1: Regional Results

NORTHERN CALIFORNIA (RANCHO)

The Northern California (RANCHO) region consists of 11 counties: Del Norte, Glenn, Humboldt, Lake, Lassen, Mendocino, Modoc, Shasta, Siskiyou, Tehama, and Trinity. All LHJs in the RANCHO Regions participated in the assessment.

Figure 5: RANCHO Domain Average Results

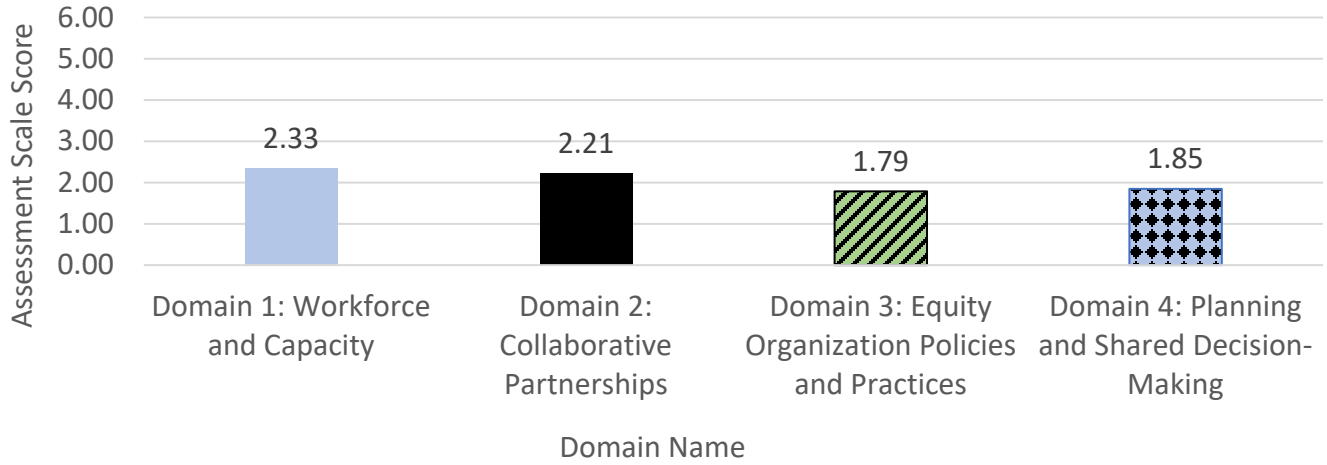
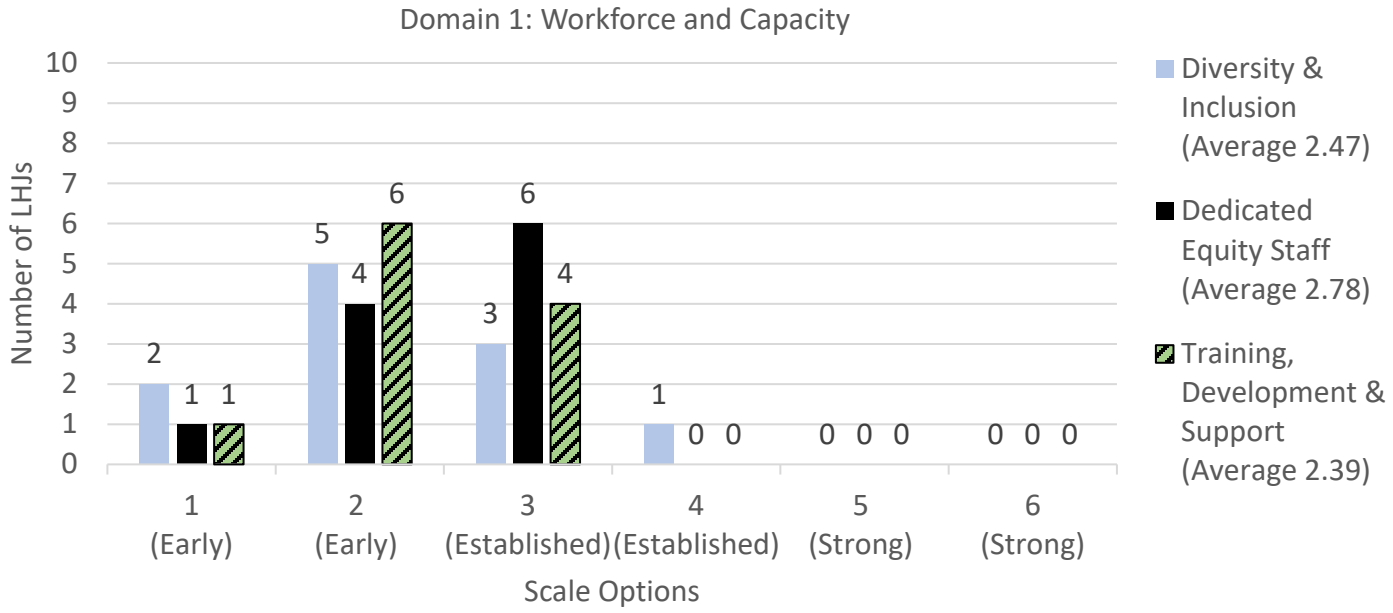
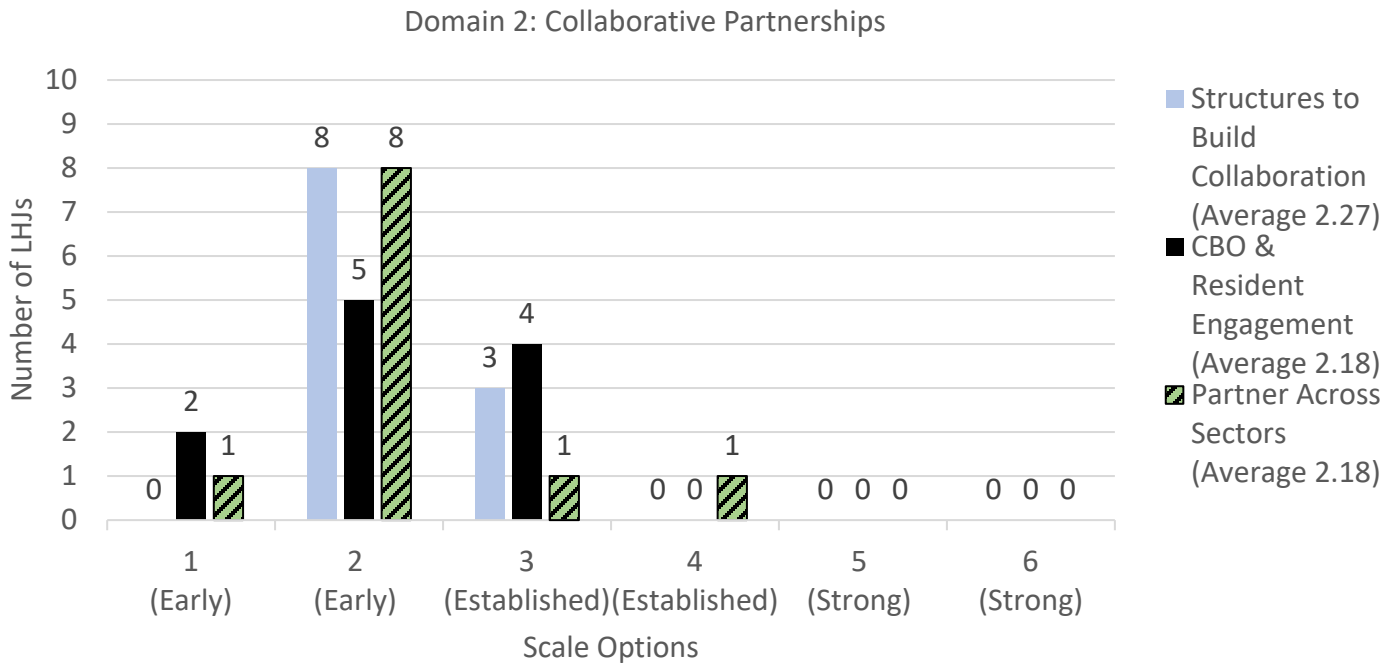
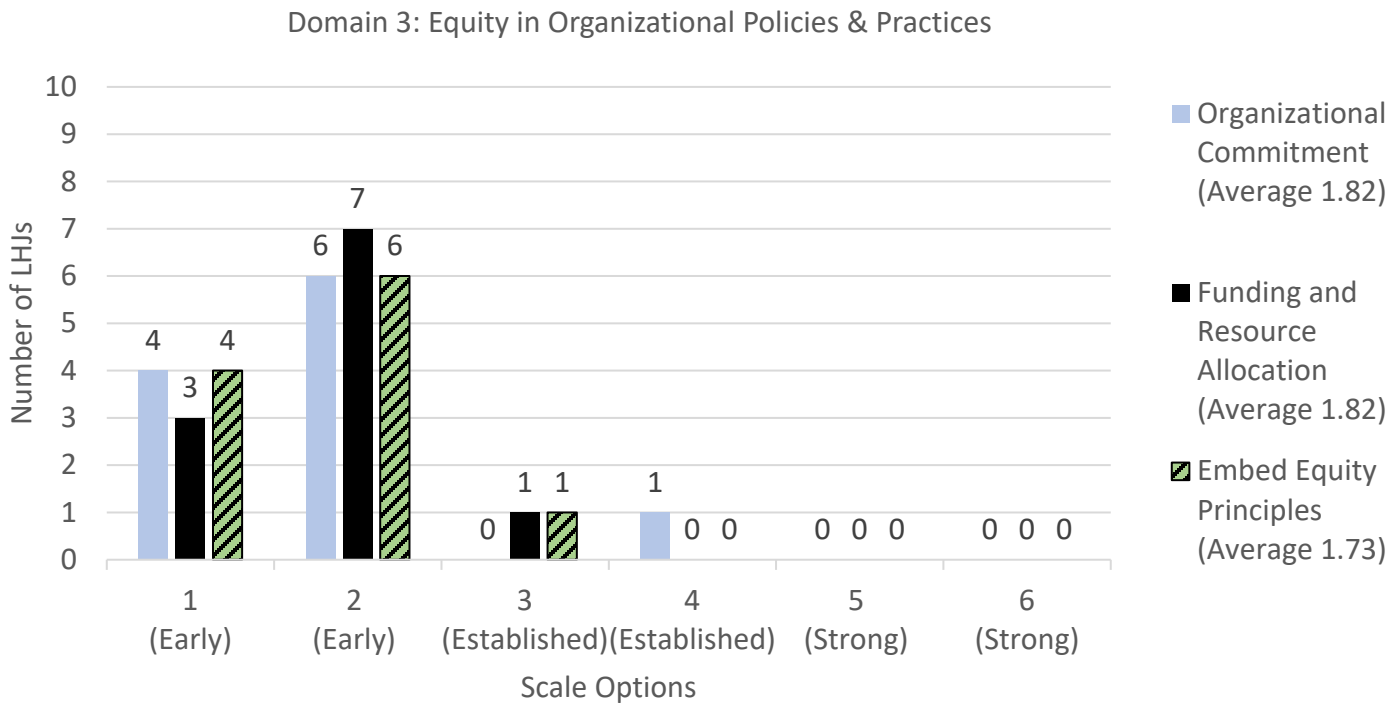
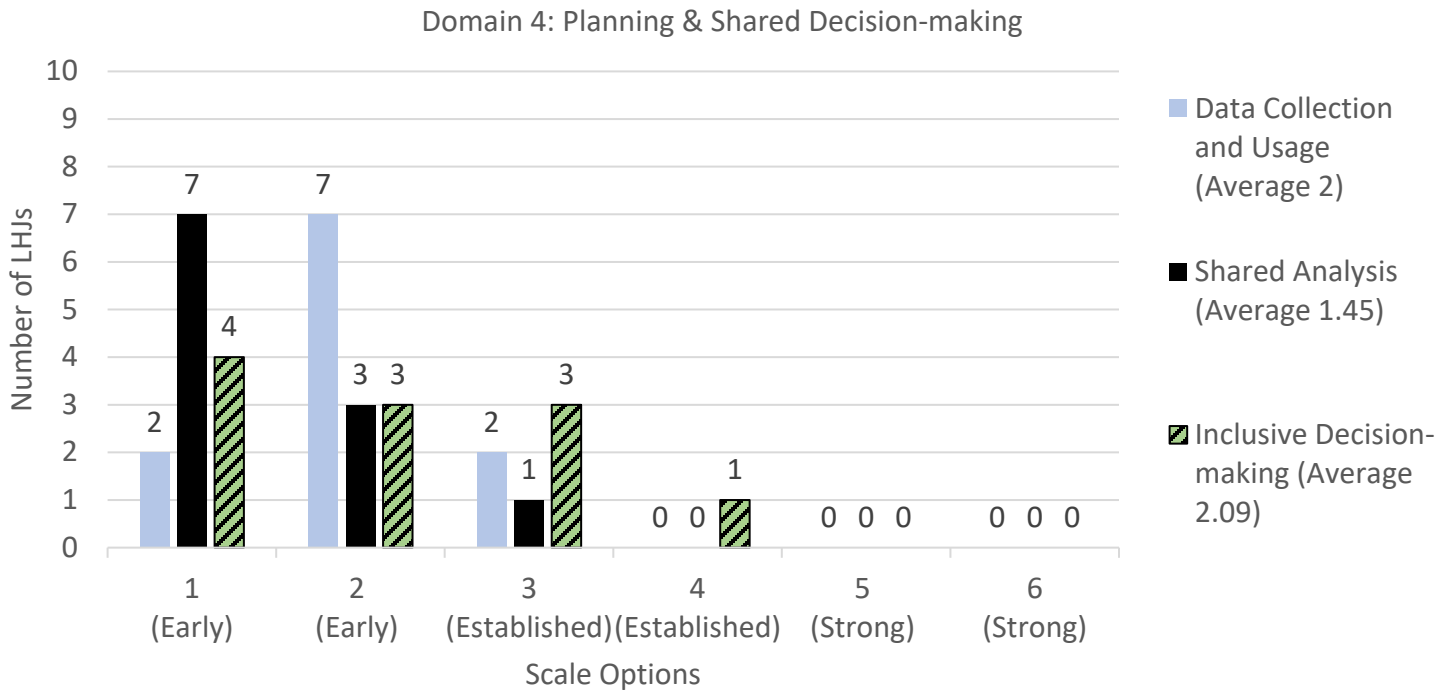


Figure 6: Northern California Competency Results




Domain 2: Collaborative Partnerships
Number of LHJs
10
9
8
7
6
5
4
3
2
1
0
0
2
1
8
5
8
3
4
1
0 0
1
0 0 0
0 0 0
1 (Early)
2 (Early)
3 (Established)
4 (Established)
5 (Strong)
6 (Strong)
Scale Options
Structures to Build Collaboration (Average 2.27)
CBO & Resident Engagement (Average 2.18)
Partner Across Sectors (Average 2.18)


Domain 3: Equity in Organizational Policies & Practices
Number of LHJs
10
9
8
7
6
5
4
3
2
1
0
4
3
4
6
7
6
0
1
1
1
0 0
0 0 0
0 0 0
1 (Early)
2 (Early)
3 (Established)
4 (Established)
5 (Strong)
6 (Strong)
Scale Options
Organizational Commitment (Average 1.82)
Funding and Resource Allocation (Average 1.82)
Embed Equity Principles (Average 1.73)



Highlights:

- While most LHJs were in the Early range (1-2), there was at least one LHJs in the Established range (3-4) for all 12 competencies. A total of 10 LHJs selected a 3 (Established) for at least one competency, and 3 LHJs selected a 4 (Established).
- There were no LHJs in the Strong category (5-6) for any of the competencies.
- Northern California region domain averages were all slightly below the domain averages of the state.
- The region competency averages in Domain 1 are equal to as the averages of the state, mirroring the same need as the state overall. Training, Development, and Support was the earliest developed competency in Domain 1.

Northern California (RANCHO) Competency Priorities for Future Improvement

Table 5: RANCHO Competency Priorities

Competency Name	Percentage (%)
Diversity and Inclusion	18%
Dedicated Equity Staff	**45%**
Training, Development, and Support	**36%**
Structures to Build Collaboration	18%
Community Based Organization and Resident Engagement	18%
Partner Across Sectors	9%

Organizational Commitment	18%
Funding and Resource Allocation	27%
Embed Equity Principles	**36%**
Data Collection and Usage	**36%**
Shared Analysis	9%
Inclusive Decision-making	18%

The top self-selected competencies chosen by RANCHO are Dedicated Equity Staff (45%), Training, Development, and Support (36%), Embed Equity Principals (36%), and Data Collection and Usage (36%). Of the LHJs that gave comments in the assessment, many of them noted the need for training for their staff to learn more about equity and unconscious bias. LHJs also noted that equity is not currently felt throughout their organizations and in all programs and processes. Some believe that adding an equity-focused lens or an equity strategic plan would be helpful for their and other organizations in the region. Finally, LHJs noted that data collection is a struggle due to the size of the LHJ, and the data collected is not always accessible to the community. Northern California would like to be supported in establishing themselves in these competencies.

Northern California (RANCHO) Regional Strengths

Of the 11 LHJs in Northern California, 7 LHJs gave short answers about their organization equity strengths. Common themes from these answers are as follows:

- RANCHO has a strong commitment to their community and dedication to build trust and relationships with community leaders. RANCHO leaders try to find opportunities to get input from their communities on their work.
- While there are many instances where LHJs agree that community participation can be increased, most LHJs expressed that there is some form of informal relationship that exists and is valued.

Quotes:

> *"Many of us are personally invested in our community and have lived here for many years, providing the opportunity for deeper connections and unique insight into our micro communities."*

> *"These informal collaborations have proved invaluable in establishing trust within communities, creating points of access, and engaging difficult to reach populations through trusted members of each community."*

GREATER SACRAMENTO

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

Figure 7: Greater Sacramento Domain Average Results

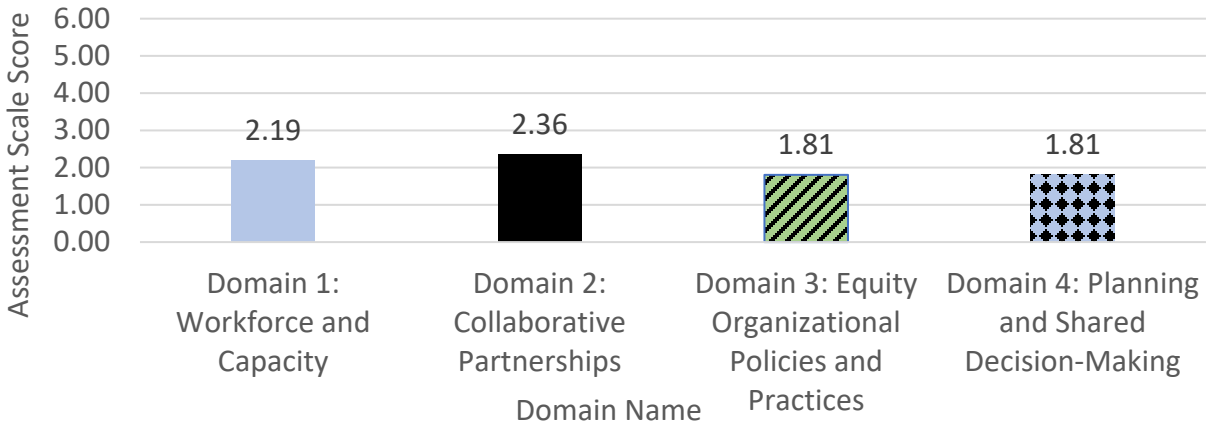
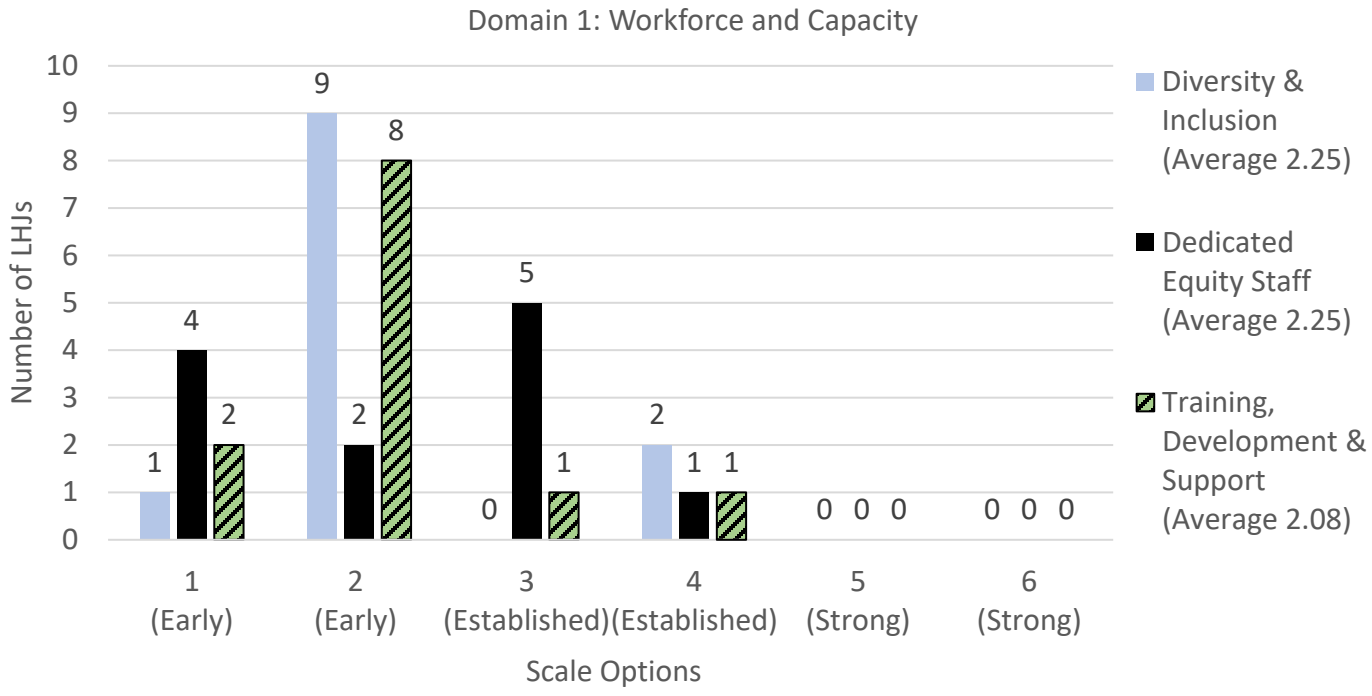
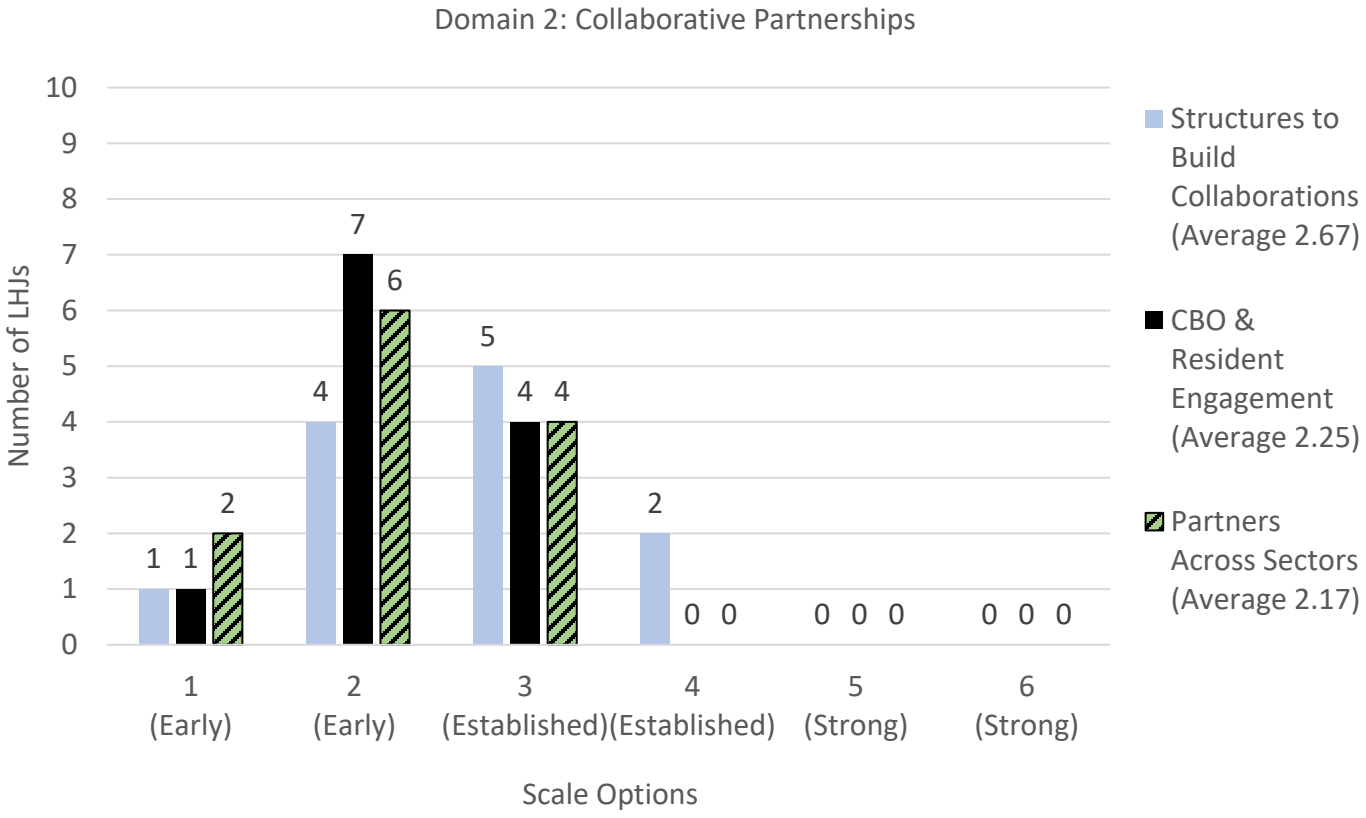
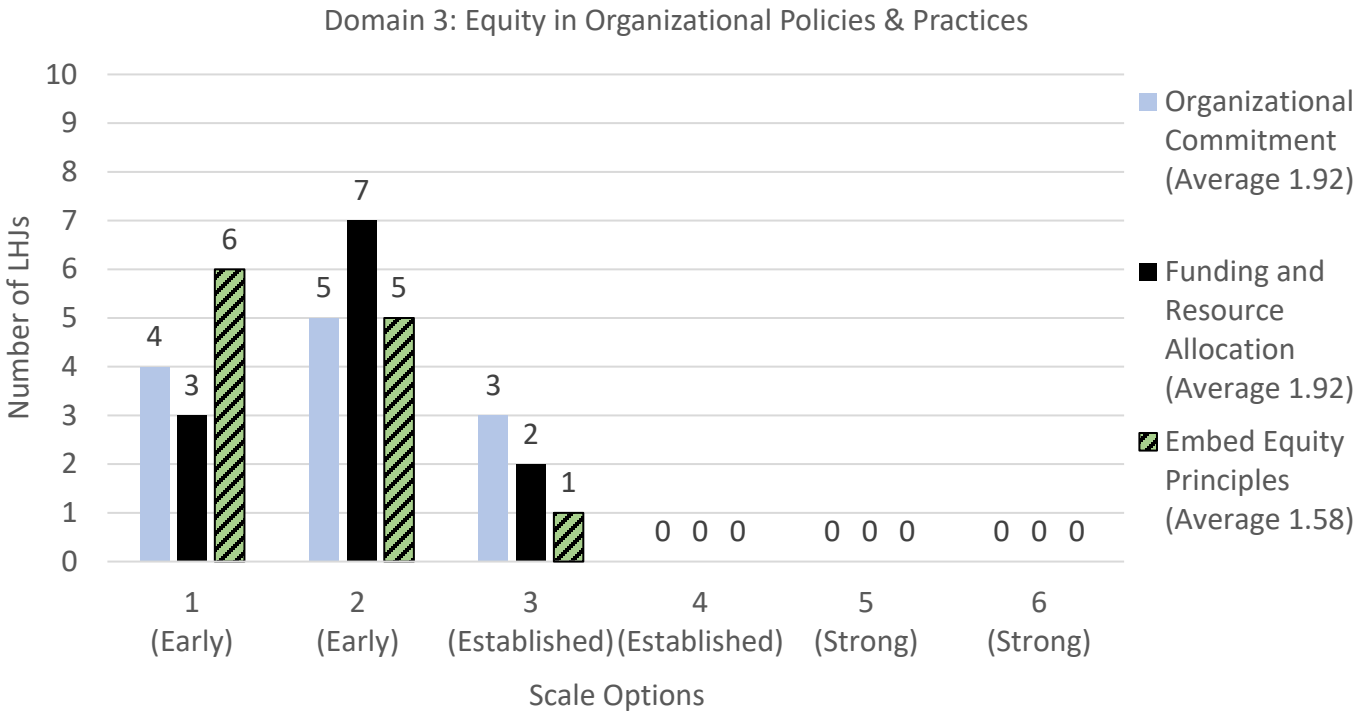
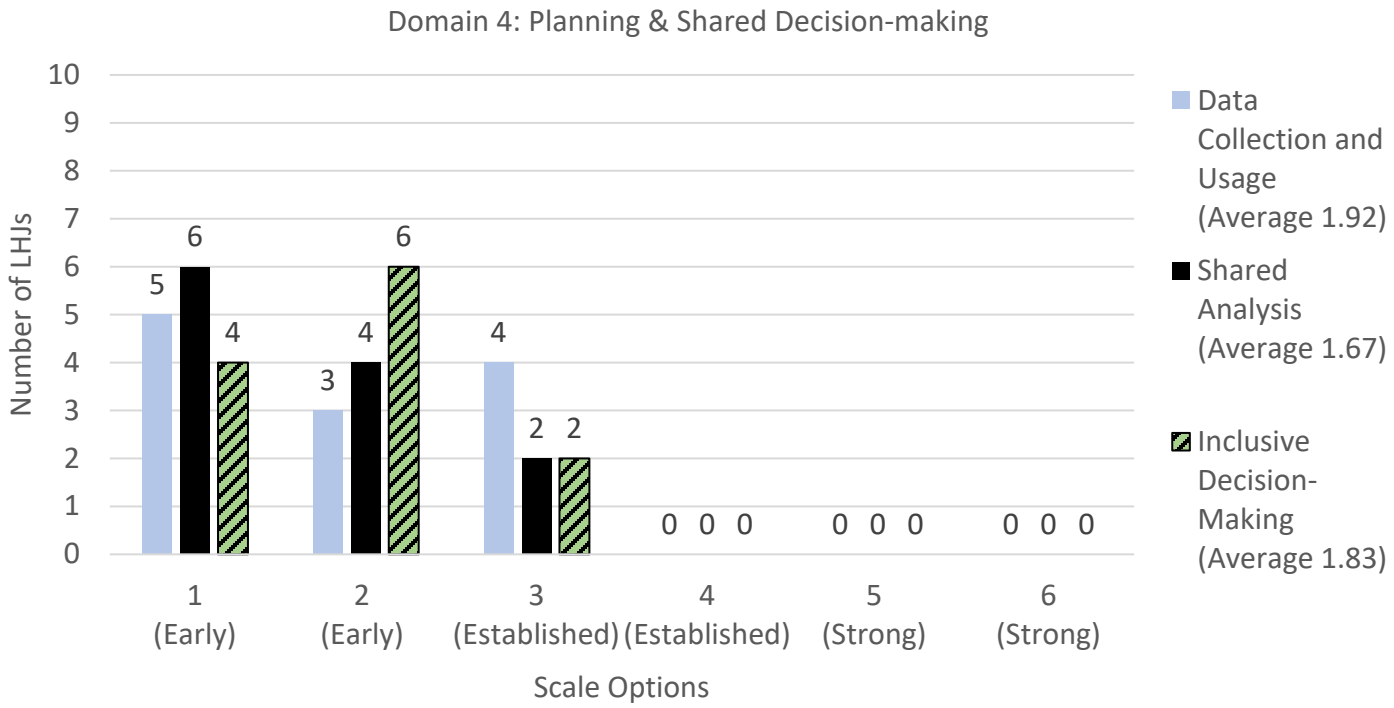


Figure 8: Greater Sacramento Competency Results




Domain 2: Collaborative Partnerships
Number of LHJs
10
9
8
7
6
5
4
3
2
1
0
1 1 2
4 7 6
5 4 4
2 0 0
0 0 0
0 0 0
1 (Early)
2 (Early)
3 (Established)
4 (Established)
5 (Strong)
6 (Strong)
Scale Options
Structures to Build Collaborations (Average 2.67)
CBO & Resident Engagement (Average 2.25)
Partners Across Sectors (Average 2.17)


Domain 3: Equity in Organizational Policies & Practices
Number of LHJs
10
9
8
7
6
5
4
3
2
1
0
4 3 6
5 7 5
3 2 1
0 0 0
0 0 0
0 0 0
1 (Early)
2 (Early)
3 (Established)
4 (Established)
5 (Strong)
6 (Strong)
Scale Options
Organizational Commitment (Average 1.92)
Funding and Resource Allocation (Average 1.92)
Embed Equity Principles (Average 1.58)



Highlights:

- All domains had at least one LHJ select a 3 (Established) for all competencies except 1 (Diversity and Inclusion).
- Domain 1 and 2 were the only domains that had an LHJ select a 4 (Established) for at least one competency.
- There were no LHJs in a Strong level (5-6) for any of the competencies.
- The averages for all domains and competencies were slightly lower than the state averages.
- A total of 10 out of 12 LHJs selected a 1 or 2 (Early) when it comes to Training, Development, and Support (Domain 1), showing the same need as the state overall.
- The earliest developed competency in the region is Embed Equity Principals (domain 3) with an average of 1.58/6, reflecting the 11 out of 12 LHJs in the early stage.
- Like the state, Domain 3 was one of the earliest developed domains with none of the competency averages above a 2 (Early).

Greater Sacramento Competency Priorities for Future Improvement

Table 6: Greater Sacramento Competency Priorities

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

Table 3 shows the competencies the Greater Sacramento region would like to improve on, the areas that are highlighted are the top three choices for the region to work on the most. The top competency LHJs selected they want to work on is Training, Development, and Support (75%). The LHJs who left additional comments expressed their staff are doing their own research on equity topics they are interested in to improve staff capacity. Another top competency LHJs selected is Embed Equity Principals (42%). LHJs who left additional comments mentioned they are in the early stages of starting the process of strategic planning and identifying ways to embed equity principals in all policies, programs, and procedures. The last top choice for LHJs is Data Collection and Usage (42%). LHJs noted they have interest in working on data collection and usage because they want to make sure the data is available for communities while ensuring it is easy to understand.

Greater Sacramento Regional Strengths

Of the 12 LHJs in Greater Sac, 6 LHJs gave short answers about their organization equity strengths. Common themes from these answers are as follows:

- Having dedicated health equity staff to help move the work forward. Health equity is a big priority for some of these LHJs and having staff that's only focused on equity work is an important step to making a positive change.
- Having a supportive leadership team that wants to address health equity issues. Leadership that is committed to equity work is vital because they can ensure that equity work is done across all departments and not just in one.

- Strong relationships with the community that has led to creating key partnerships. LHJs may build these strong community relationships via coalitions where the community can be part of advancing equity work.

Quotes

> *"…. with a newly structured health equity team within the division, staff have the capacity and funding to expand on the current equity infrastructure."*

> *"Leadership places a strong value in addressing equity and embedding it into the culture at our LHJ."*

SAN JOAQUIN VALLEY (SJV)

The San Joaquin Valley (SJV) region includes the following 12 LHJs: Calaveras, Fresno, Kern, Kings, Madera, Mariposa, Merced, San Benito, San Joaquin, Stanislaus, Tulare, and Tuolumne. All 12 LHJs in the San Joaquin Valley Region completed the organizational assessment.

Figure 9: SJV Domain Average Results

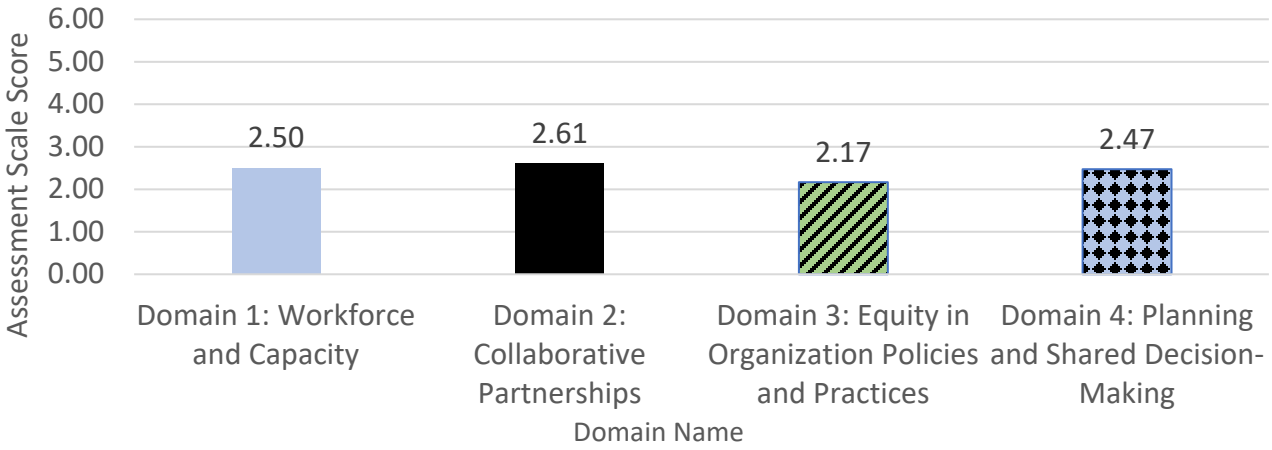
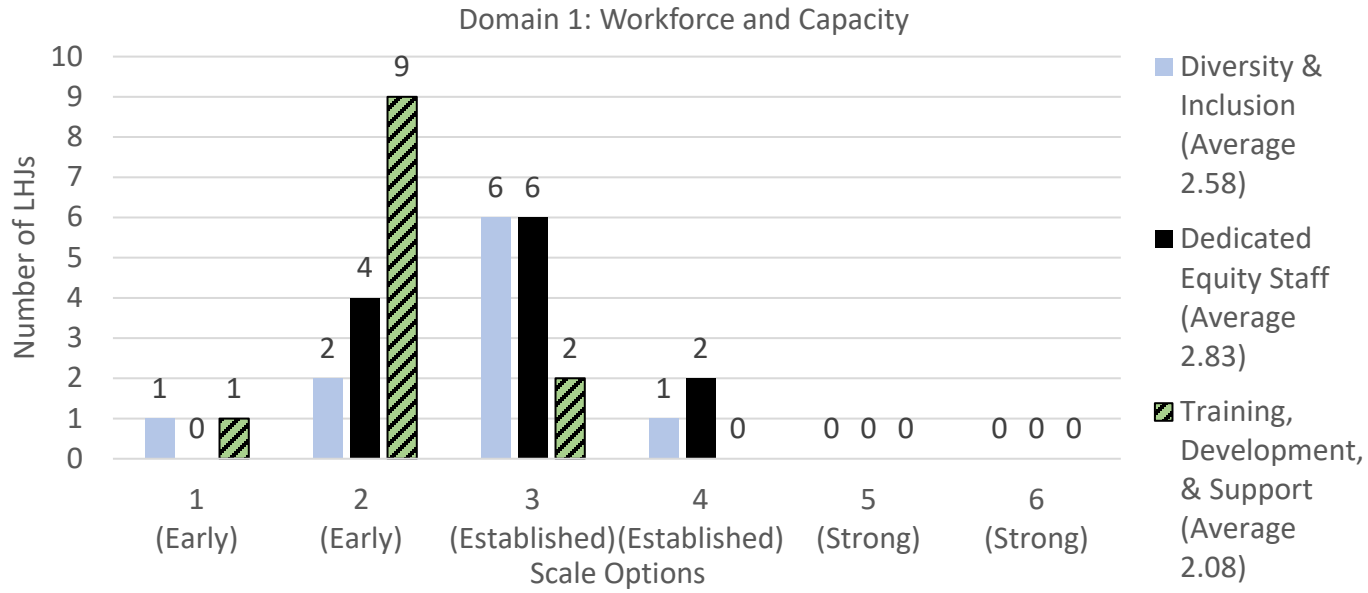
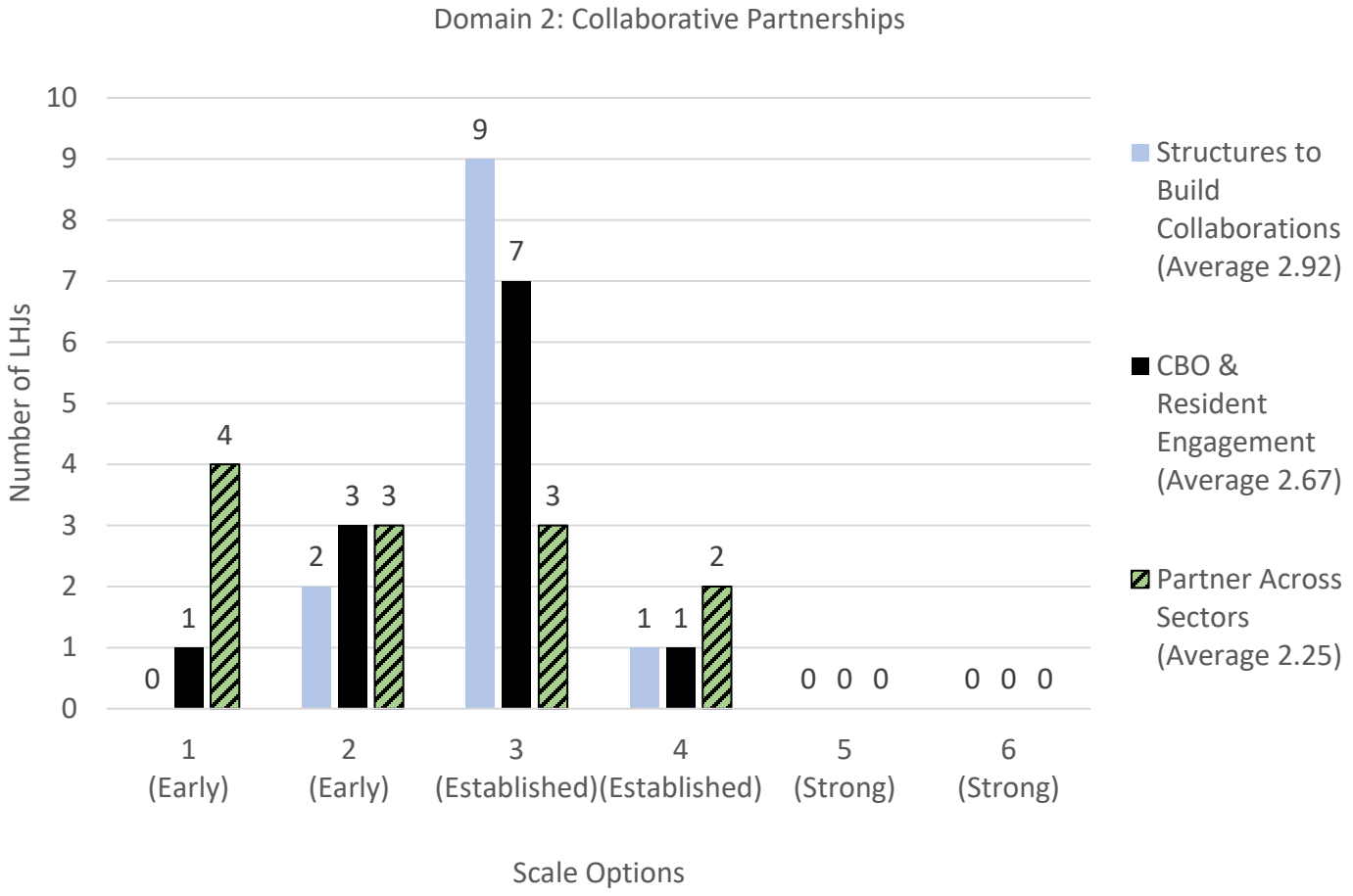
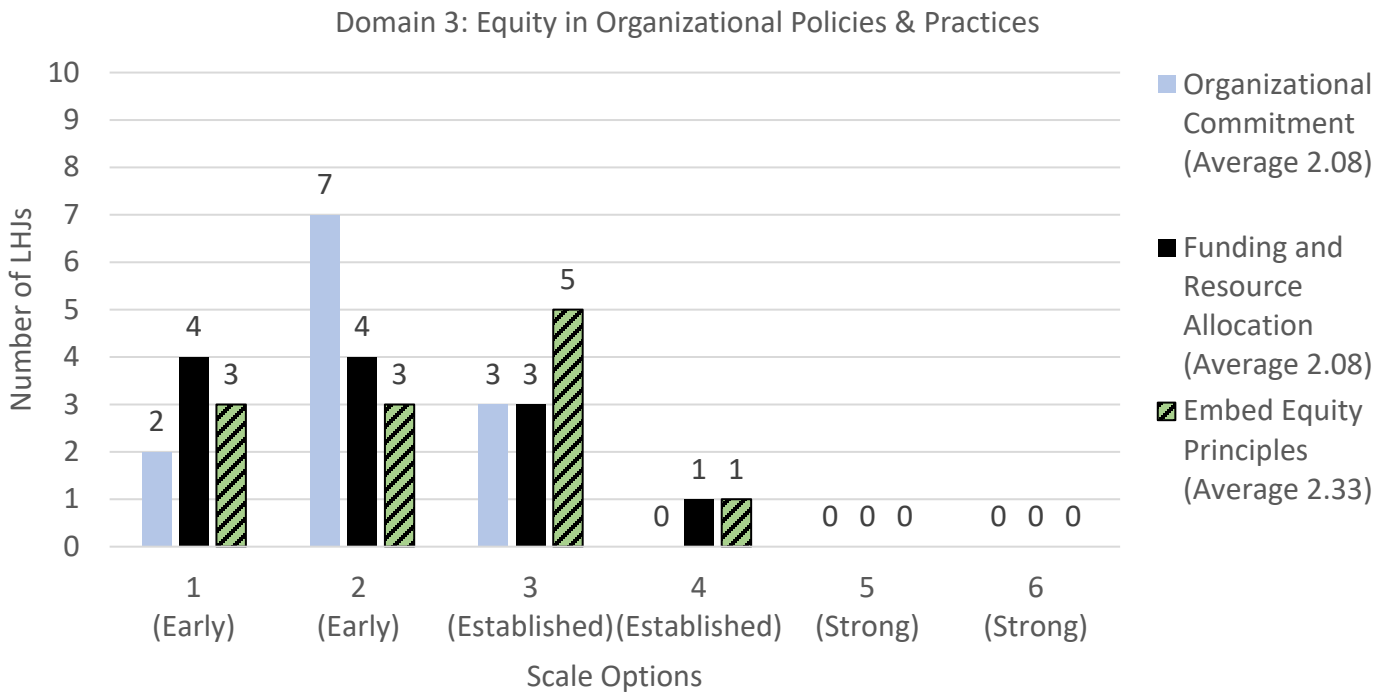
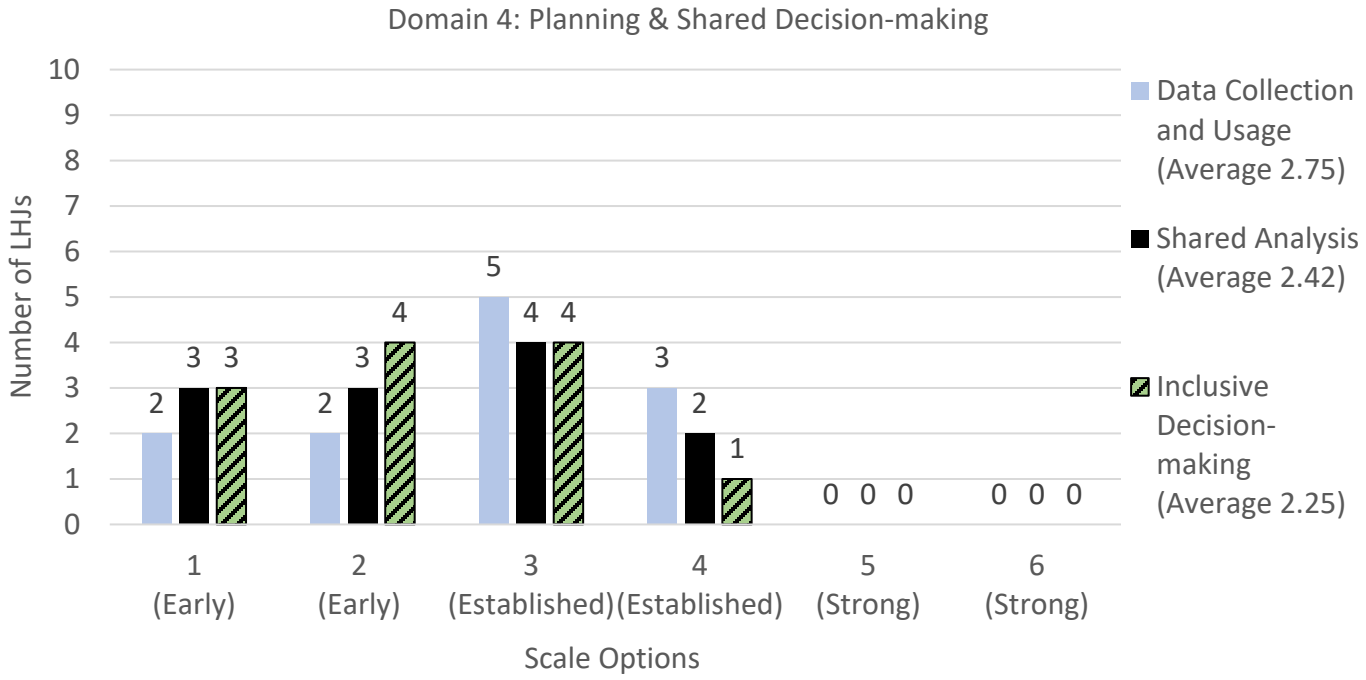


Figure 10: SJV Competency Results




Domain 2: Collaborative Partnerships
Number of LHJs
10
9
8
7
6
5
4
3
2
1
0
0 1 4
2 3 3
9 7 3
1 1 2
0 0 0
0 0 0
1 (Early)
2 (Early)
3 (Established)
4 (Established)
5 (Strong)
6 (Strong)
Scale Options
Structures to Build Collaborations (Average 2.92)
CBO & Resident Engagement (Average 2.67)
Partner Across Sectors (Average 2.25)


Domain 3: Equity in Organizational Policies & Practices
Number of LHJs
10
9
8
7
6
5
4
3
2
1
0
2 4 3
7 4 3
3 3 5
0 1 1
0 0 0
0 0 0
1 (Early)
2 (Early)
3 (Established)
4 (Established)
5 (Strong)
6 (Strong)
Scale Options
Organizational Commitment (Average 2.08)
Funding and Resource Allocation (Average 2.08)
Embed Equity Principles (Average 2.33)



Highlights:

- All domains had at least one LHJ select a 3 (Established) for all competencies.
- All domains had at least one LHJ select a 4 (Established) for all competencies except for one (organizational commitment in domain 3).
- There were no LHJs in a Strong level (5-6) for any of the competencies.
- The averages for domains 1 and 2 are lower than the state, while the averages for domains 3 and 4 are slightly higher than the state.
- Similar to the state, the competency in the earliest stage in Domain 1 is Training, Development, and Support, with an average of 2.08/6.
- SJV is the only region to have Embed Equity Principles as its most developed competency for domain 3: Equity in Organizational Policies and Practices.

San Joaquin Valley (SJV) Competency Priorities for Future Improvement

Table 7: SJV Competency Priorities

Competency Name	Percentage (%)
Diversity and Inclusion	25%
Dedicated Equity Staff	17%
Training, Development, and Support	**75%**
Structures to Build Collaboration	0%
Community Based Organization and Resident Engagement	8%
Partner Across Sectors	25%
Organizational Commitment	25%

Funding and Resource Allocation	25%
Embed Equity Principles	**33%**
Data Collection and Usage	17%
Shared Analysis	8%
Inclusive Decision-making	**33%**

Of the 12 competencies included in the assessment, 75% of LHJs would like to improve upon Training, Development, and Support to increase health equity knowledge and skills of their workforce. Previous conversations with LHJs in SJV indicate a need for health equity training to understand the root causes of inequities seen in the region and to better equip themselves with resources to address these inequities. Embed Equity Principles (33%) and Inclusive Decision-making (33%) are also competencies many LHJs want to improve on. LHJs noted that training on reframing health equity to gain buy-in from leadership and/or the community for rural LHJs will be critical to move equity work forward in the SJV region.

San Joaquin Valley (SJV) Regional Strengths

Of the 12 LHJs in SJV, 6 LHJs gave short answers about their organization equity strengths. Common themes from these answers are as follows:

- Several LHJs indicated that established and strong community partnerships that engage community residents and stakeholders contribute to their strengths. Some of these community partnerships have blossomed from the COVID-19 pandemic and have aided LHJs in adequately responding to pandemic-related concerns in their communities.
- Having a diverse workforce, dedicated equity staff with a background in public health, and supportive leadership were also common strengths shared by multiple LHJs.

Quotes:

> *"The staff is dedicated and has built strong relationships with the community, and we were able to retain our staff during COVID-19pandemic."*

> *"We have a diverse workforce across all sectors of the Department that are ready and wanting to implement health equity principals, which would have otherwise gone unnoticed without this process. Our administration both within the department and at the county level are in support of building the health equity infrastructure and have incorporated performance measures in the upcoming year's strategic plans."*

BAY AREA (ABAHO)

The Bay Area (ABAHO) region is comprised of 12 Local Health Jurisdictions which include the following: Alameda, City of Berkeley, Contra Costa, Marin, Monterey, Napa, San Francisco, San Mateo, Santa Clara, Santa Cruz, Solano, and Sonoma. A total of 11 LHJs in the region completed the baseline organizational assessment.

Figure 11: Bay Area Domain Average Results

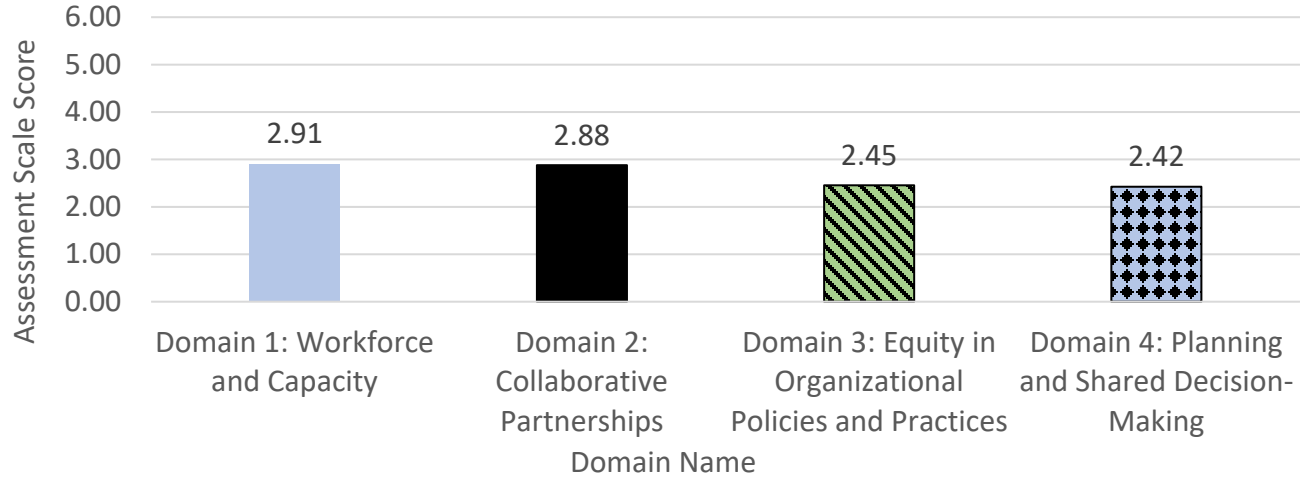
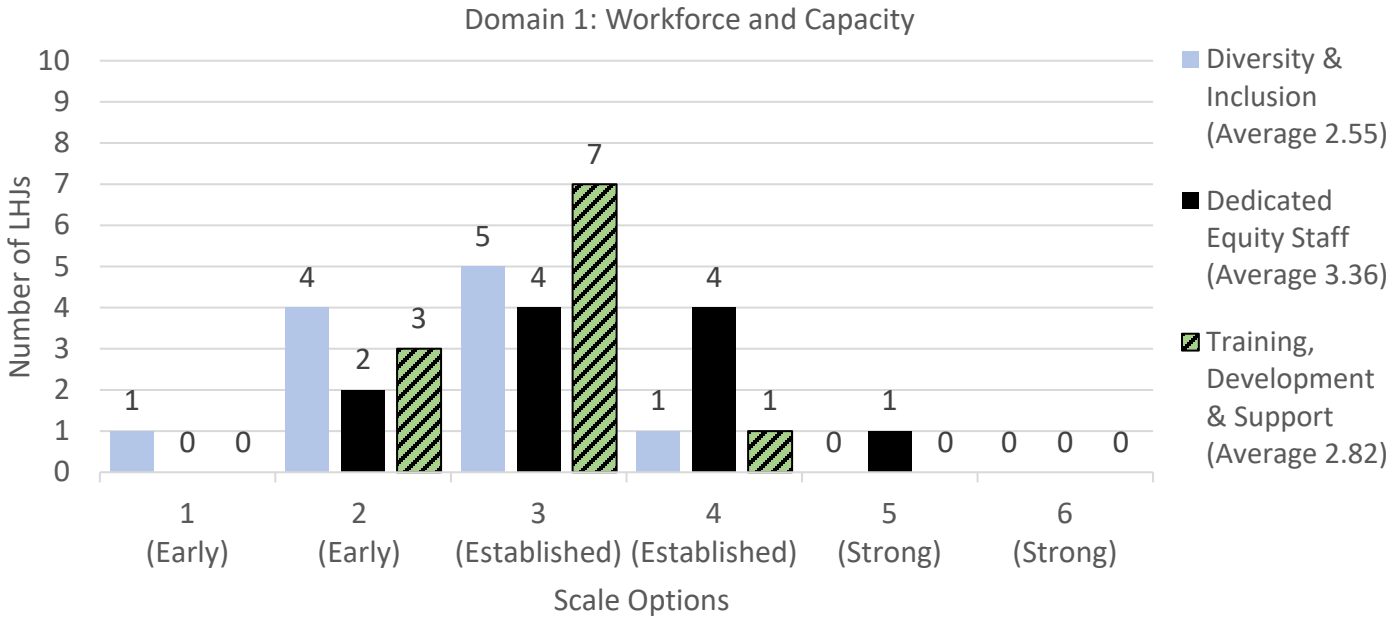
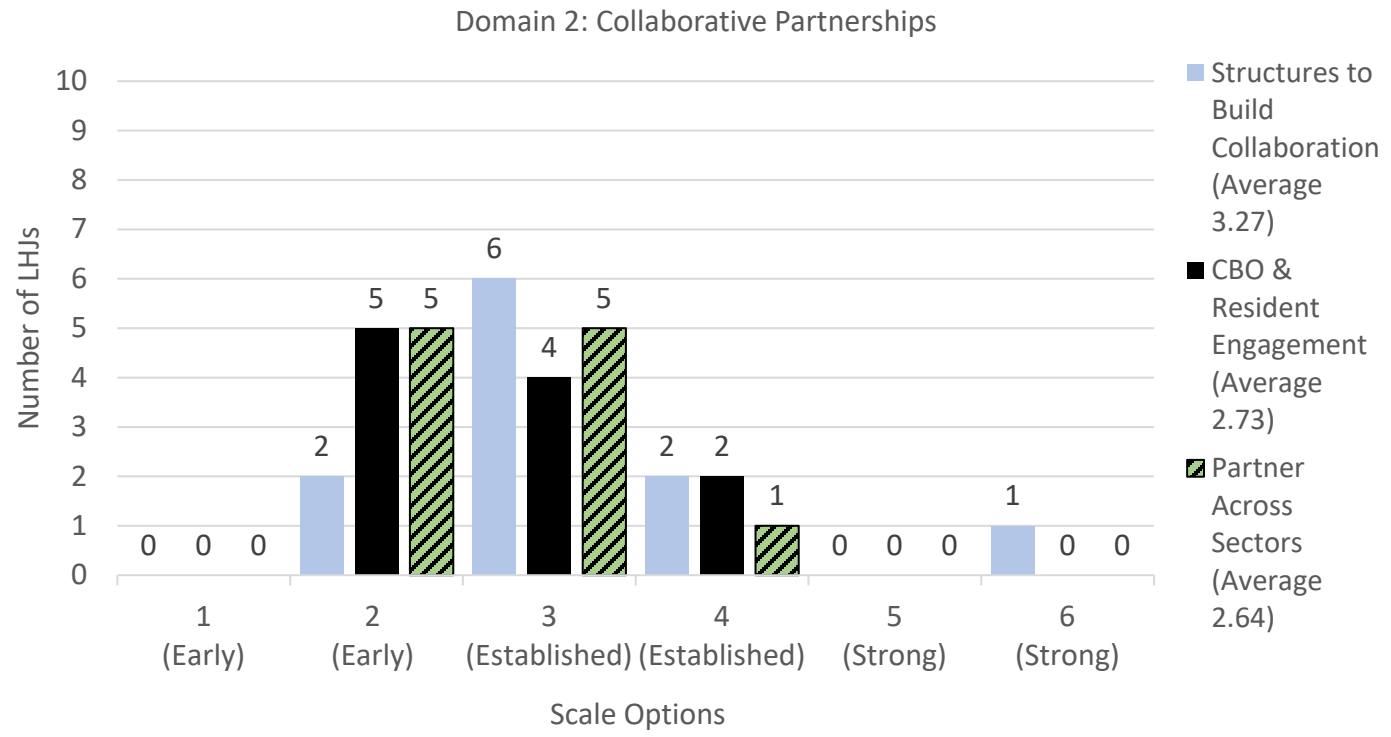
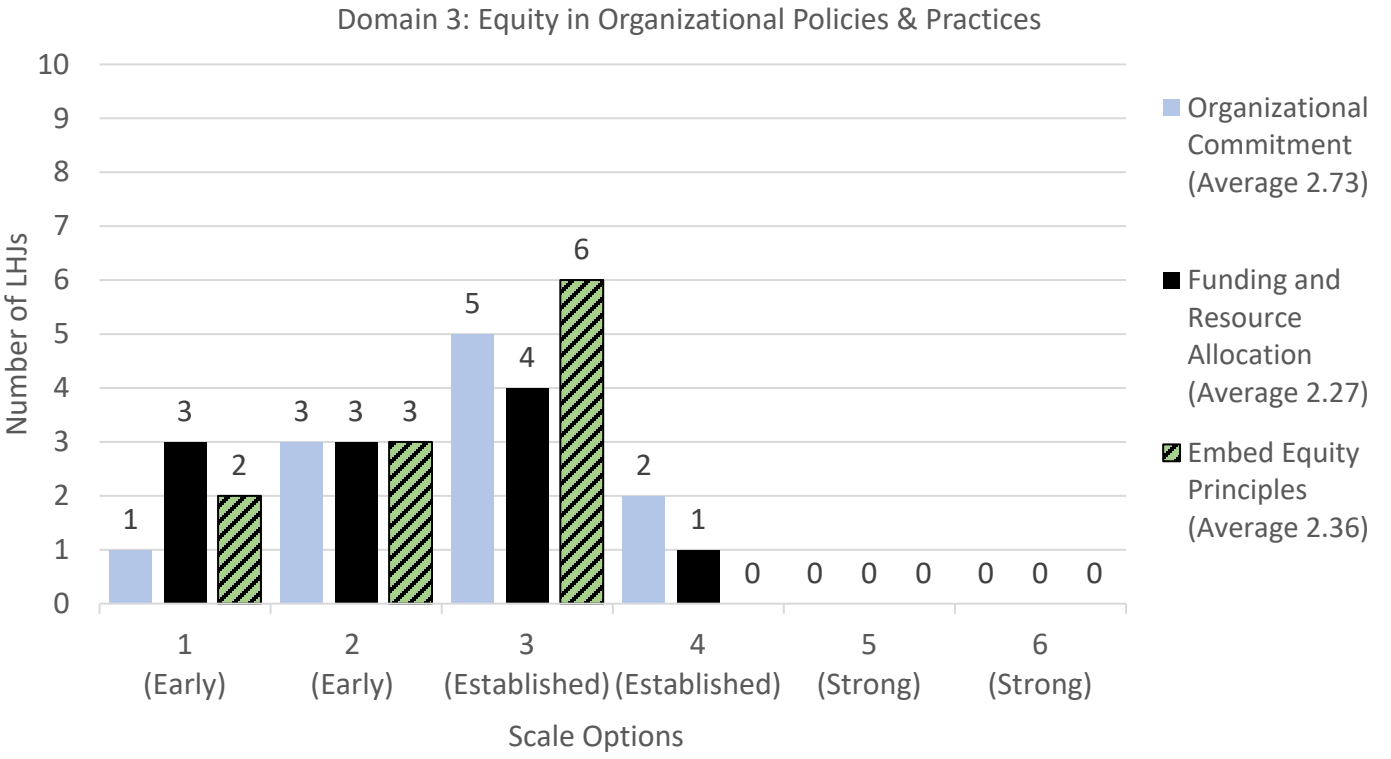
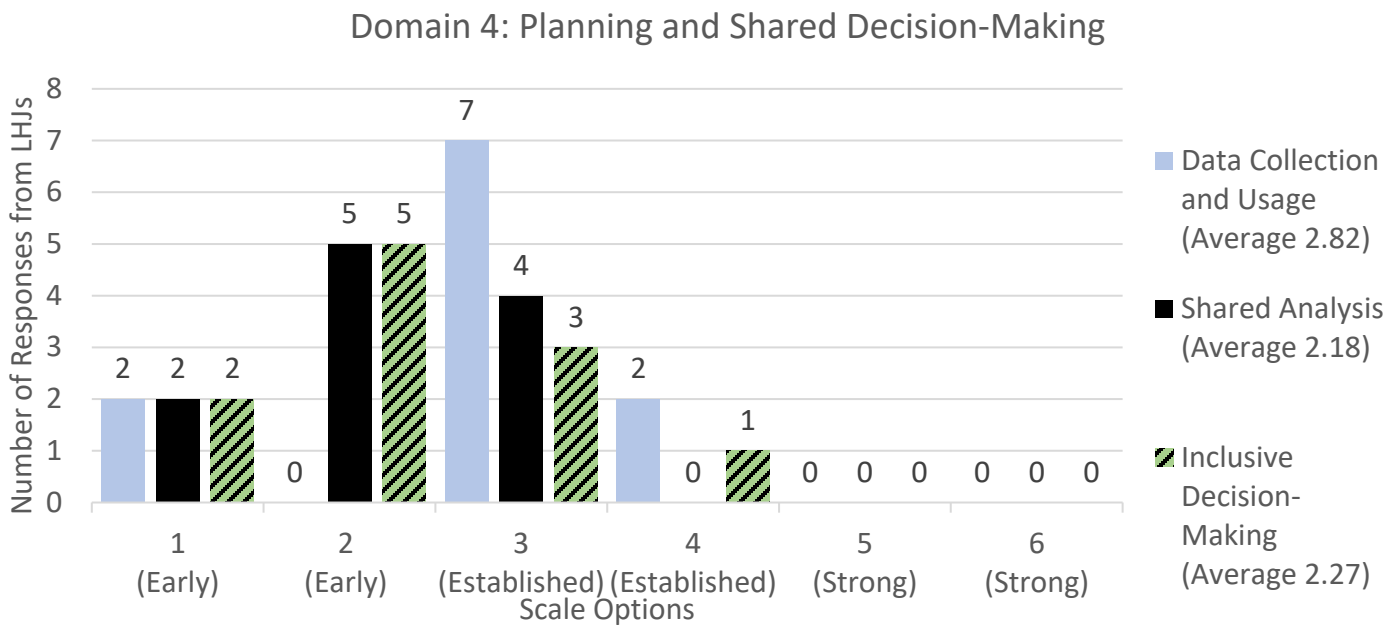


Figure 12: Bay Area Competency Results




Domain 2: Collaborative Partnerships
Number of LHJs
10
9
8
7
6
5
4
3
2
1
0
0 0 0 2 5 5 6 4 5 2 2 1 0 0 0 1 0 0
1 (Early)
2 (Early)
3 (Established)
4 (Established)
5 (Strong)
6 (Strong)
Scale Options
Structures to Build Collaboration (Average 3.27)
CBO & Resident Engagement (Average 2.73)
Partner Across Sectors (Average 2.64)


Domain 3: Equity in Organizational Policies & Practices
Number of LHJs
10
9
8
7
6
5
4
3
2
1
0
1 3 2 3 3 3 5 4 6 2 1 0 0 0 0 0 0 0
1 (Early)
2 (Early)
3 (Established)
4 (Established)
5 (Strong)
6 (Strong)
Scale Options
Organizational Commitment (Average 2.73)
Funding and Resource Allocation (Average 2.27)
Embed Equity Principles (Average 2.36)



Highlights:

- All domains had at least one LHJ select a 1 (Early) for two competencies or more.
- There was one LHJ who selected a 5 (Strong) and a 6 (Strong) for two competencies.
- Across the board, the domain and competency averages for the region were slightly higher than those of the state.
- Dedicated Equity Staff is the most developed competency (3.36/6) for the region and received the highest average across all regions and the state.

Bay Area (ABAHO) Competency Priorities for Future Improvement

Table 8: Bay Area Competency Priorities

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

Table 5 shows the 12 competencies and highlights the priority competencies for the region. In the Bay Area, 55% of LHJs selected Inclusive Decision-Making as the competency to focus future equity work. This competency was also found to be the third competency the state overall would like to improve on, thus showing a large need to fill existing gaps both regionally and statewide. Of the five competencies showing a percentage of 27%, compiled short answers on the assessment show the most interest on improving on Community Based Organization and Resident Engagement. LHJs in this region express that many bureaucratic policies impact their efforts to engage with CBOs and residents. Smaller LHJs report not having enough engagement while larger LHJs struggle with consistency in engagement throughout various programs and departments. The lack of activity and the excess of change both suppress effective collaborative partnerships. The variety of selections from the Bay Area show a diverse range of needs among the LHJs. Other comments indicate that while current efforts are being made in all the competencies, additional work needs to be done to codify them in existing policies and procedures.

Bay Area (ABAHO) Strengths

Of the 12 LHJs in Bay Area, 6 LHJs gave short answers about their organization equity strengths. Common themes from these answers are as follows:

- LHJs are having regular conversation and dialogue around equity within their departments and across different programs and have dedicated staff for this work.
- Many LHJs also have a base foundation to ignite equity efforts or to improve on existing equity work that is already being done. Several LHJs have already built meaningful relationships and trust with key partners and LHJs who are currently working to build collaborative partnerships have already identified or are beginning to identify equity champions to leverage for future equity work within their jurisdiction.

Quotes:

> *"We have staff that work on equity, equity is centered in our strategic plan and Community Health Improvement Plan. We are committed to continuous improvement and resilience over logistical hardships.*

> *"We've worked across the public and private sectors to build meaningful relationships and trust with our partners for many years. We benefit from being a smaller jurisdiction, which enables us to form deep and lasting relationships with community partners."*

SOUTHERN CALIFORNIA

The Southern CA region is comprised of 13 Local Health Jurisdictions which include the following: Mono, Inyo, San Bernardino, Riverside, Imperial, San Diego, Orange, Los Angeles, Ventura, Santa Barbara, San Luis Obispo, City of Pasadena and City of Long Beach. All 13 LHJs in the region completed the baseline organizational assessment.

Figure 13: Southern California Domain Average Results

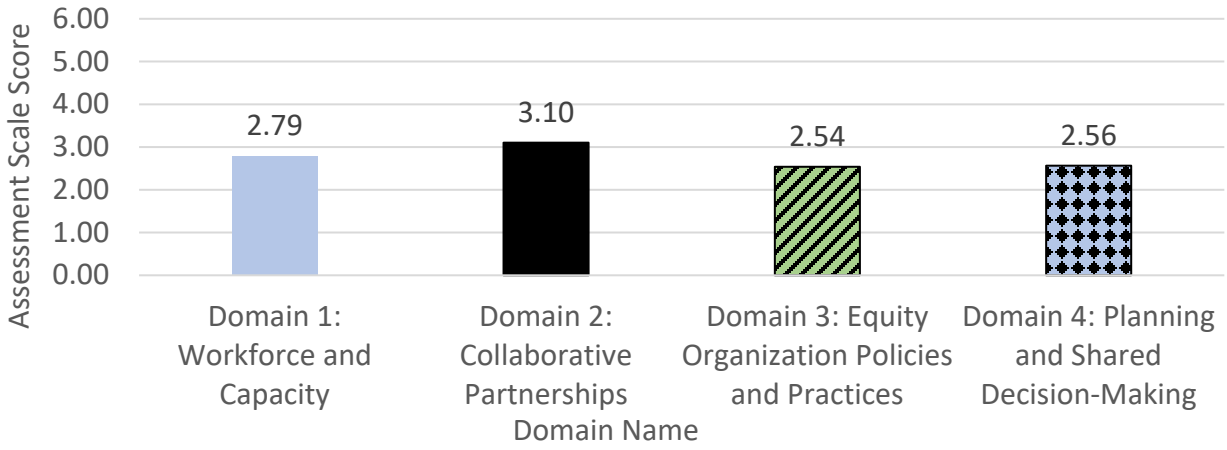
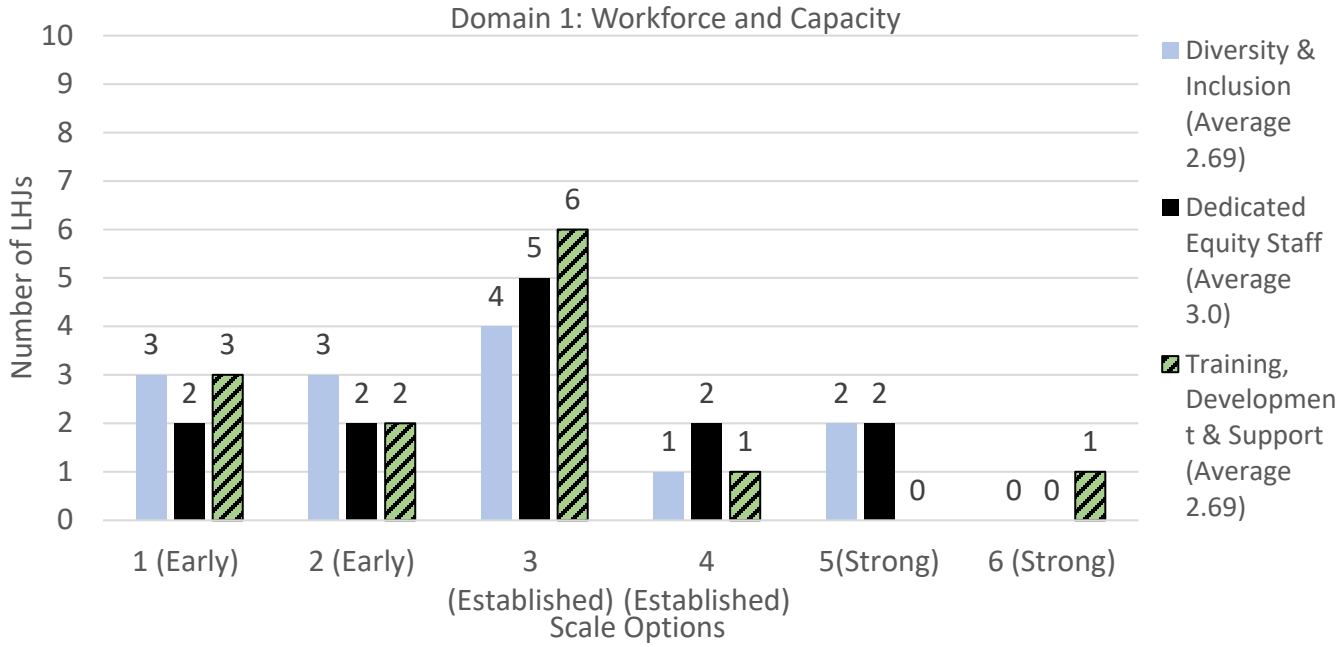
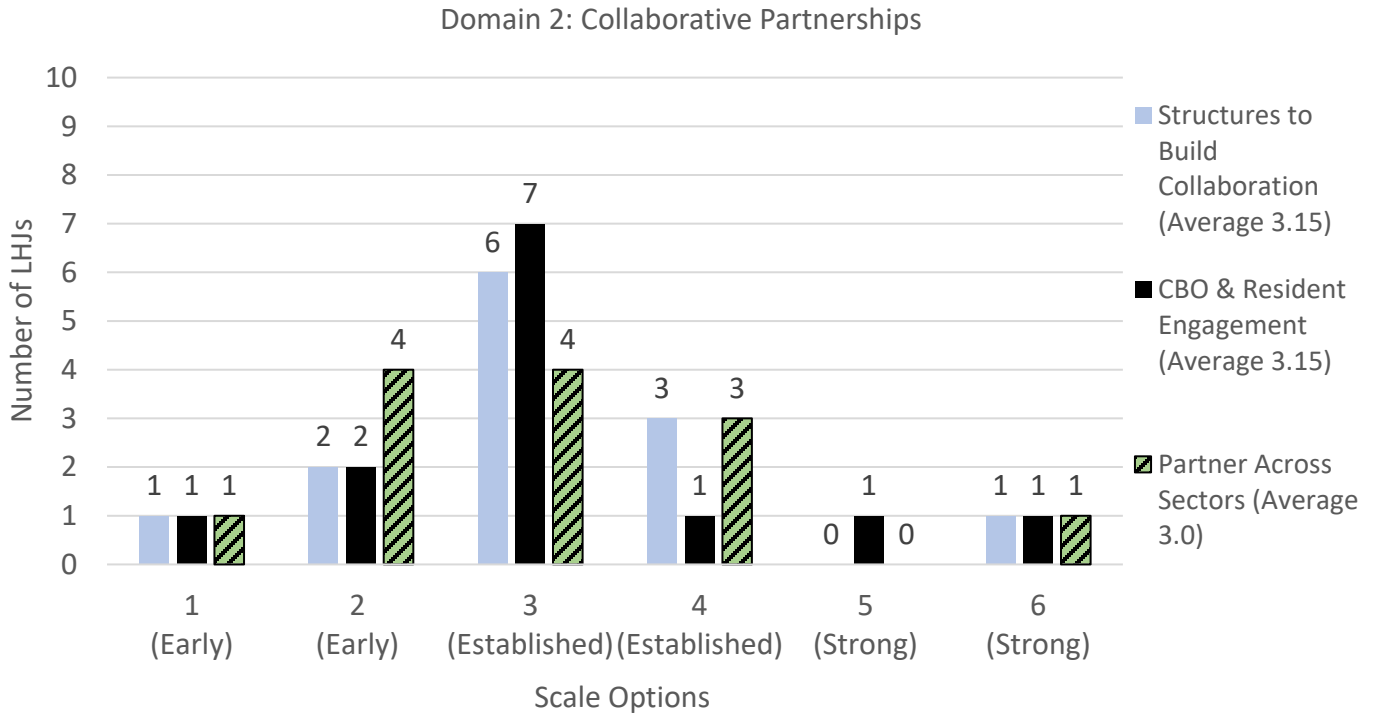
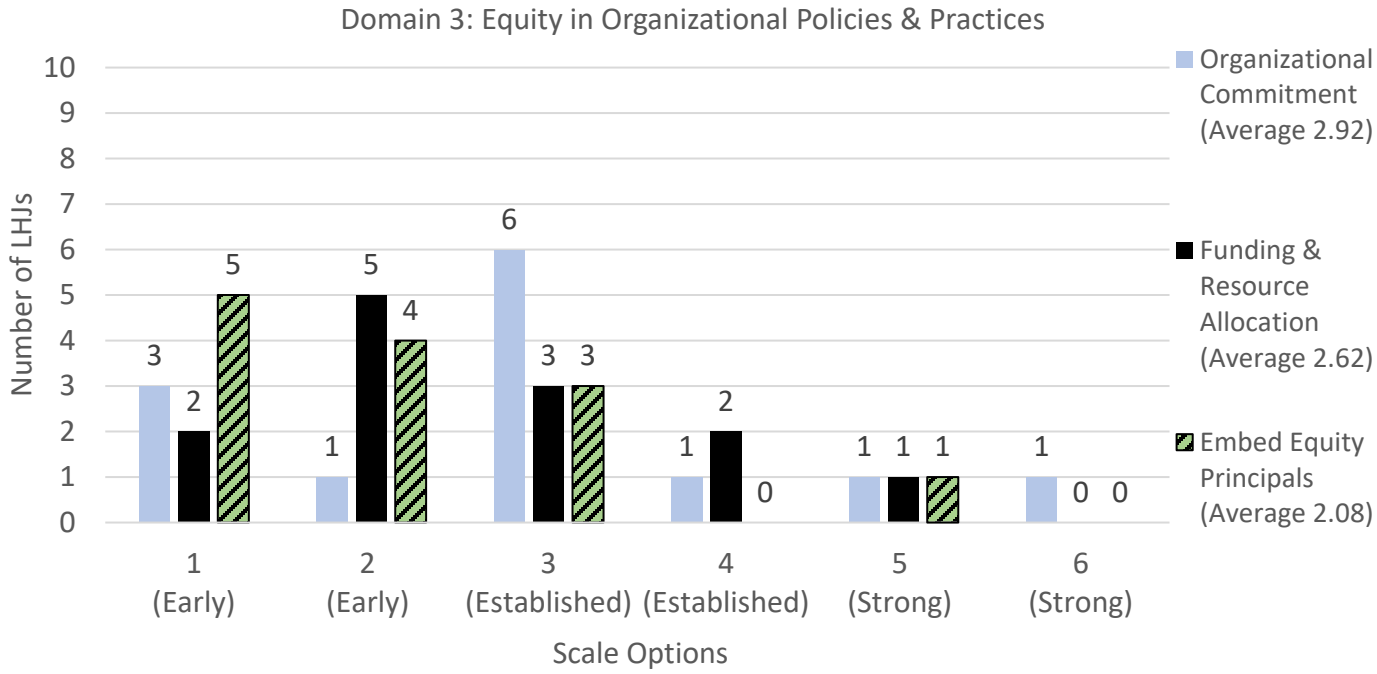
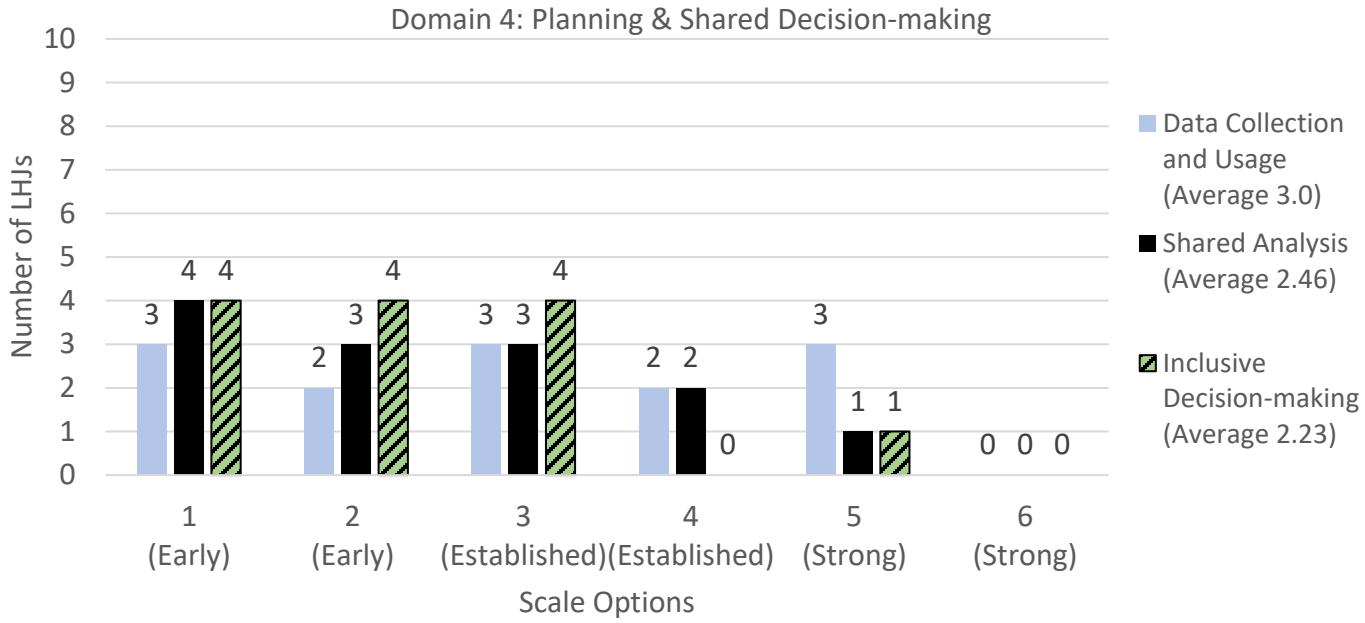


Figure 14: Southern California Competency Results




Domain 2: Collaborative Partnerships
Number of LHJs
10
9
8
7
6
5
4
3
2
1
0
1 1 1
2 2 4
6 7 4
3 1 3
0 1 0
1 1 1
1 (Early)
2 (Early)
3 (Established)
4 (Established)
5 (Strong)
6 (Strong)
Scale Options
Structures to Build Collaboration (Average 3.15)
CBO & Resident Engagement (Average 3.15)
Partner Across Sectors (Average 3.0)


Domain 3: Equity in Organizational Policies & Practices
Number of LHJs
10
9
8
7
6
5
4
3
2
1
0
3 2 5
1 5 4
6 3 3
1 2 0
1 1 1
1 0 0
1 (Early)
2 (Early)
3 (Established)
4 (Established)
5 (Strong)
6 (Strong)
Scale Options
Organizational Commitment (Average 2.92)
Funding & Resource Allocation (Average 2.62)
Embed Equity Principals (Average 2.08)



Southern California Competency Scores

Highlights:

- All domains had at least one LHJ in a Strong (5-6) stage for at least one competency. 5 LHJs selected a 5 (Strong) in 9 competencies and 1 LHJ selected a 6 in 5 competencies.
- Across the board, the domain averages for the region were slightly higher than those of the state.
- All the competency averages for the region were also slightly higher than those of the state.
- Domain 2: Collaborative Partnerships, (3.10/6), was the highest domain average in the region and the state. All competency averages in this Domain were in the Established range (3-4).

Southern California Competency Priorities for Future Improvement

Table 9: Southern California Competency Priorities

Competency Name	Percentage (%)
Diversity and Inclusion	0%
Dedicated Equity Staff	23%
Training, Development, and Support	**77%**
Structures to Build Collaboration	23%
Community Based Organization and Resident Engagement	23%
Partner Across Sectors	8%
Organizational Commitment	8%

Funding and Resource Allocation	15%
Embed Equity Principles	**54%**
Data Collection and Usage	0%
Shared Analysis	8%
Inclusive Decision-making	**46%**

The top future competency priority LHJs selected was Training, Development, and Support (77%). LHJs expressed a strong interest to increase health equity knowledge and skills of their workforce. The second competency priority LHJs selected was Embed Equity Principles (54%). How these two competencies align is captured perfectly with an LHJ who left an additional comment saying that their "strategic plan includes priority to increase organizational capacity and workforce competency in health equity and cultural competence". Inclusive Decision-making (46%) is the last of the top three competency goals to work on in the region. It is worth noting that Southern California has some of the largest metropolitan areas in the country. The counties of Los Angeles, San Diego, Orange, Riverside, and San Bernardino are the five most populous in the state. Though there are numerous challenges associated with integrating such a large, diverse group of community members and stakeholders, LHJs state that their staff "...are interested and engaged in conversations about Equity, Diversity, and Inclusion", and have a demonstrated commitment to work towards inclusive decision-making.

Southern California Strengths

Of the 13 LHJs in Southern California, 7 LHJs gave short answers about their organization equity strengths. Common themes from these answers are as follows:

- Having leadership commitment and support to advance health. Commitment at the top of the organization is crucial to building organizational capacity at all levels.
- New funding streams, including COVID-19 funding.
- A diverse workforce representative of the community they serve, and dedicated health equity staff.
- Various regional collaborations and partnerships.
- The use and collection of data to inform and assess decision-making.

Quotes:

"Our department excels in data collection, analysis, and presentation of information. .... We are aware of how data can inform the decision-making process. Knowing how different groups and neighborhoods are impacted by systems, resources and access to programs can help ensure that opportunities are made available to all residents".

"The Department's strengths include leadership's support and commitment to establishing an office of equity, hiring equity staff, having a diverse workforce that represents the community we serve, leading and participating in a variety of collaborations with CBOs, public and private sector partners as well as community leaders".

Appendix 2: Full Baseline Organizational Assessment for Equity Infrastructure

Access the full baseline assessment and other pertinent recourses on the Baseline Organizational Assessment for Equity Infrastructure page.