



Massachusetts Department of Public Health

Strategic Plan to Advance Racial Equity 2024-2028

Published: March 12, 2024

Table of Contents

Executive Summary	3
Vision, Mission, and Values	8
DPH Strategic Plan to Advance Racial Equity, 2024-2028	9
Introduction.....	9
DPH’s Foundational Public Health Strategies	10
DPH’s Health Equity Framework	12
Strategic Objectives, Activities, Measures to Advance Racial Equity	18
Performance Management System.....	58
Considerations for Strategic Implementation	64
Links to Other Strategic Efforts	67
Acknowledgements	70

Executive Summary

The Massachusetts Department of Public Health (DPH) Strategic Plan to Advance Racial Equity is designed to enable the agency to move toward its updated vision of health equity for all by leading with the principles and practices of racial equity across five foundational public health strategies over the next five years.

The DPH Strategic Plan to Advance Racial Equity embraces the Healey-Driscoll Administration's elevation of racial justice and equity as a guiding principle for agency operations, policymaking, and organizational development. In undertaking the internal process that has led to this plan, DPH sought to bring into reality the centering of racial equity in its own organizational development and professional practice. By transforming itself as an organization, a state agency, a workforce, a regulator, a provider of care, and an organizational public servant, DPH aims to advance racial equity throughout the Commonwealth. In taking action on this plan, DPH is better positioned to engage in and lead critical dimensions of the Executive Office of Health and Human Services (EOHHS) secretariat-wide health equity strategy and the larger Healey-Driscoll Administration's agenda of advancing racial equity for all.

Racial inequities in our public health system are unjust health care. This DPH Strategic Plan to Advance Racial Equity acknowledges that, to advance health equity, DPH must use an intersectional, equity-centered lens to focus on addressing the persistent racial inequities impacting the health access, treatment, outcomes, and overall well-being of people across the Commonwealth, specifically those who identify as Black, Indigenous, Hispanic/Latino, and/or Asian/Pacific Islander. The COVID-19 pandemic brought into painful, undeniable, public view the clear, present, and ongoing health inequities perpetuated by systemic racial inequities across public health infrastructure, health care delivery systems, and social determinants of health in Massachusetts.

In April 2021, the United States Centers for Disease Control and Prevention publicly asserted that racism is a threat to public health,¹ and their current statement on racism and health highlights: “The data show that racial and ethnic minority groups, throughout the United States, experience higher rates of illness and death across a wide range of health conditions, including diabetes, hypertension, obesity, asthma, and heart disease, when compared to their white counterparts.”² DPH has not made enough of an impact to eliminate these persistent health inequities. This strategic effort aims to narrow the disparities in health caused by systemic racism. As such, the DPH Strategic Plan to Advance Racial Equity publicly, formally, and emphatically declares that **racism is an urgent public health threat that directly impacts residents across the Commonwealth of Massachusetts.**

This strategic planning process was a multi-phased initiative that involved collaboration, feedback, and qualitative analysis using a racial equity assessment framework and the [10 Essential Public Health Services \(EPHS\)](#).³ Leading with the equity principle of centering at the margins, an Advisory Group comprised of DPH leaders and staff with racial equity expertise volunteered to guide a collaborative process with DPH colleagues, all of whom had professional expertise in leading with a racial equity lens and the majority of whom self-identified as Black, Indigenous, and other people of color. All collaborators participated in a strengths, opportunities, aspirations, results, threats (SOART) assessment process, which informed the development of objectives and activities for change. Interviews with key leaders throughout DPH and a detailed qualitative analysis of key strategy documents from across DPH further informed the

¹ “Media Statement from CDC Director Rochelle P. Walensky, MD, MPH, on Racism and Health.” *Centers for Disease Control and Prevention*. April 8, 2021. Link: [cdc.gov/media/releases/2021/s0408-racism-health.html](https://www.cdc.gov/media/releases/2021/s0408-racism-health.html)

² “Racism and Health.” *Office of Health Equity. Centers for Disease Control and Prevention*. August 16, 2023. Link: [cdc.gov/minorityhealth/racism-disparities/index.html](https://www.cdc.gov/minorityhealth/racism-disparities/index.html)

³ “10 Essential Public Health Services.” *Centers for Disease Control and Prevention, The de Beaumont Foundation, and Public Health National Center for Innovations*. September 9, 2020. Link: [cdc.gov/publichealthgateway/sdoh/Ten-Essential-Services-SDOH.html](https://www.cdc.gov/publichealthgateway/sdoh/Ten-Essential-Services-SDOH.html)

priorities. The Advisory Group engaged in an equity-centered process of prioritization of objectives and activities for the final five-year plan.

Acknowledging the ways that a person's race and ethnicity intersect with other experiences of systemic inequities in health across the Commonwealth, the DPH Strategic Plan to Advance Racial Equity intentionally focuses on advancing racial equity explicitly — though not exclusively — in a range of ways outlined below.

Advance Health Equity (1)

DPH commits to centering health equity as the foundation of its mission to advance public health across the Commonwealth. DPH's health equity framework leads with a racial-equity-centered intersectional approach to partnering with priority populations that experience the most deeply entrenched inequities in public health.

Health equity — the first foundational public health strategy — informs the other four strategies: emergency preparedness and response, workforce, infrastructure, and public service.

Lead Emergency Preparedness & Response (2)

DPH commits to advancing health equity as a core focus of the department-wide effort to respond, prepare for, and prevent acute threats to the public health of Massachusetts's residents and communities. Within this plan, DPH advances emergency preparedness and response by focusing on building foundational partnerships and collaborative efforts. This plan forms an initial response to the prescient public health threat of racism and racialized violence and informs essential preparation for supporting equity-centered emergency responses to other public health emergencies.

- Emergency Preparedness & Response, Objective One (2.1): Focus on the populations most in need as a result of the impacts of racial inequities in health throughout planning, programming, policies, and regulatory operations across DPH.
- Emergency Preparedness & Response, Objective Two (2.2): Lead efforts to increase collaborations, learning, and change with the purpose of creating partnerships and joint efforts that advance racial equity across public health and all social determinants of health in the Commonwealth.

Strengthen the Public Health Workforce (3)

DPH commits to developing a competent, compassionate, and diverse public health workforce in ways that support health and well-being, build capacity to lead a racial-equity-centered approach to health equity and enable recovery and resilience. Within this plan, DPH advances equity and resilience in the public health workforce through strategic recruiting, hiring, retention, professional capacity building, and resilience.

- Workforce, Objective One (3.1): Use equitable practices to recruit and hire candidates with relevant educational, work, lived experience, and expertise addressing racial inequities in health, across all roles within DPH.
- Workforce, Objective Two (3.2): Increase retention and reduce attrition within DPH, with an emphasis on retaining staff with experience and expertise addressing racial inequities in health and increasing racial diversity among senior leadership and managers.
- Workforce, Objective Three (3.3): Increase the DPH workforce capacity to lead with and act on the principles and practices of racial equity, with a particular focus on developing capacity and accountability amongst senior leadership and managers (MIV and above).

Modernize Public Health Infrastructure (4)

DPH commits to centering racial equity in data modernization and data-sharing strategies. Within this plan, DPH advances health equity through a strategic data modernization effort that seeks to understand the experiences of the populations most impacted by racial inequities in health and to lead with equity throughout the full data life cycle to address health inequities throughout the Commonwealth.

- Infrastructure (Data), Objective One (4.1): Establish data requirements related to collection, analysis, interpretation, and dissemination that center populations most impacted by racial inequities in health.
- Infrastructure (Data), Objective Two (4.2): Engage populations most impacted by racial inequities in health when collecting, analyzing, interpreting, disseminating, and taking actions on data related to racial inequities in health.

Enhance Public Service (5)

DPH commits to advancing health equity through public service by pursuing programs, policy, and regulatory operations that focus on addressing and responding to the needs of populations most impacted by racial inequities as an effective means to create health equity for all.

- Public Service, Objective One (5.1): Engage populations most impacted by racial inequities in planning of, decision-making around, and implementation of programs, policies, regulations, and statutes with a focus on addressing racial inequities in public health across Massachusetts.
- Public Service, Objective Two (5.2): Increase access to and funding for individuals and organizations representing, serving, and working directly with people most impacted by racial inequities in health.

To meet the objectives outlined across these five priority areas, the DPH Strategic Plan to Advance Racial Equity outlines a performance management system for monitoring and evaluating, accountability, resourcing, communicating, and implementing. The performance management system, objectives, and activities are reviewed, refined, and improved in each year of implementation.

Vision, Mission, and Values

The following vision, mission, and values guide the work of DPH in advancing public health across the Commonwealth of Massachusetts.

DPH Vision

The Department of Public Health envisions an equitable and just public health system that supports optimal well-being for all people in Massachusetts, centering those with systemically and culturally oppressed identities and circumstances.

DPH Mission

The mission of the Department of Public Health is to promote and protect health and wellness and prevent injury and illness for all people, prioritizing racial equity in health by improving equitable access to quality public health and health care services and partnering with communities most impacted by health inequities and structural racism.

DPH Values

DPH enacts its vision and mission through daily practices of the principles of equity, innovation, accessibility, partnership, and accountability.

The DPH Strategic Plan to Advance Racial Equity, 2024-2028

Introduction

The convergence of the COVID-19 pandemic with social activism in support of Black lives and against police brutality demanded public service institutions take action to address the inequities that people who identify as Black have been lifting up at least since the dawn of the Civil Rights Movement in the United States. DPH responds to this current call for action and accountability, seeking to acknowledge and transform the systemic public health inequities affecting not just those who identify as Black, but also those who identify as Indigenous, Hispanic/Latino and/or Asian/Pacific Islander. The data in Massachusetts related to COVID-19 painfully revealed systemically entrenched racial inequities in health that DPH has seen across health conditions and other systems of public health and human services for decades. An analysis of COVID-19 death rates between January 2020 and January 2022 revealed that in Massachusetts rates were higher among Black and Hispanic residents than white residents in every adult age group — and that the rates were up to three (3) times higher among Black and Hispanic younger adults in their prime parenting and professional years.⁴

An effective and equitable public health system is built through collaboration between centralized leadership, local boards of health, health care delivery institutions, other government agencies, industry leaders, and most importantly residents. It relies on a diverse and culturally and linguistically responsive public health workforce that is well connected to local communities; that fosters partnerships with and among other institutions; and that provides timely, relevant data to inform the design, implementation, and evaluation of policies, programs, and regulations to promote the public's health and well-being. Achieving and maintaining such an effective and equitable system requires the ongoing transformation of the structures and practices that comprise the system itself and ongoing collaboration across the system. Building a public health system that delivers on its promise to support optimal health for all people

⁴ McKoy, Jillian. "Racial Disparities in Mass. COVID Deaths Are Widest Among Younger Adults," Boston University School of Public Health News. March 19, 2022. Link: bu.edu/sph/news/articles/2022/racial-disparities-in-mass-covid-deaths-are-widest-among-younger-adults

involves focusing on those most impacted by systemic inequities, directly engaging local public health, organizing across government agencies, calling for health equity in all policies, and influencing key industry leaders to address the social, economic, and cultural factors perpetuating inequities.

The DPH Strategic Plan to Advance Racial Equity is designed to enable the agency to move toward its vision of an equitable and just public health system that supports optimal well-being for all people in Massachusetts by grounding in the principles and practices of racial equity and by centering the experiences of populations that are not currently experiencing an equitable public health system. Racial inequities in health — and across all the social determinants of health — are unjust, pervasive, and preventable. Through this plan, DPH acknowledges the ongoing work it needs to do as a public agency to address the institutional and structural racism that perpetuates racial inequities. It is imperative that strategic efforts continue to acknowledge the persistent and pervasive impact that systemic racism has on public health to take action to address this threat. In the planning process, DPH engaged staff members with expertise in health equity and racial equity from across the agency to define what needs to change and to develop action steps to achieve these changes. The strategic objectives and activities outlined in this plan represent the collective priorities for agency-wide change to advance racial equity through core DPH public health services, structures, and practices.

As a result of the planning process, nine key objectives — levers of change — emerged. These nine objectives and their corresponding activities support advancing racial equity across DPH’s five foundational public health strategies as detailed in the plan below.

DPH’s Foundational Public Health Strategies

DPH has five foundational public health strategies (Graphic 1) that the agency advances interdependently in all areas of work.

Advance Health Equity (1)

DPH strives to contribute to a future in which every resident of Massachusetts has an equitable opportunity to attain optimal health and well-being. DPH makes this future possible through uncompromisingly focusing on addressing injustices; removing economic, social, and other obstacles to public health; and eliminating systems of oppression that perpetuate health inequities.

Lead Emergency Preparedness & Response (2)

DPH takes responsibility for leading efforts in Massachusetts to prepare for, respond to, and prevent public health emergencies such as emerging infectious diseases, biothreats, natural disasters, climate change, threats to reproductive and gender-affirming health care, racism, and racialized violence.

Strengthen the Public Health Workforce (3)

DPH believes that optimal health and well-being for the residents of Massachusetts starts by cultivating optimal health and well-being for our public health workforce. DPH commits to developing a competent, compassionate, and diverse public health workforce in ways that support health and well-being; that build capacity to lead an approach to health equity that centers racial equity; and that enable recovery and resilience.

Modernize Public Health Infrastructure (4)

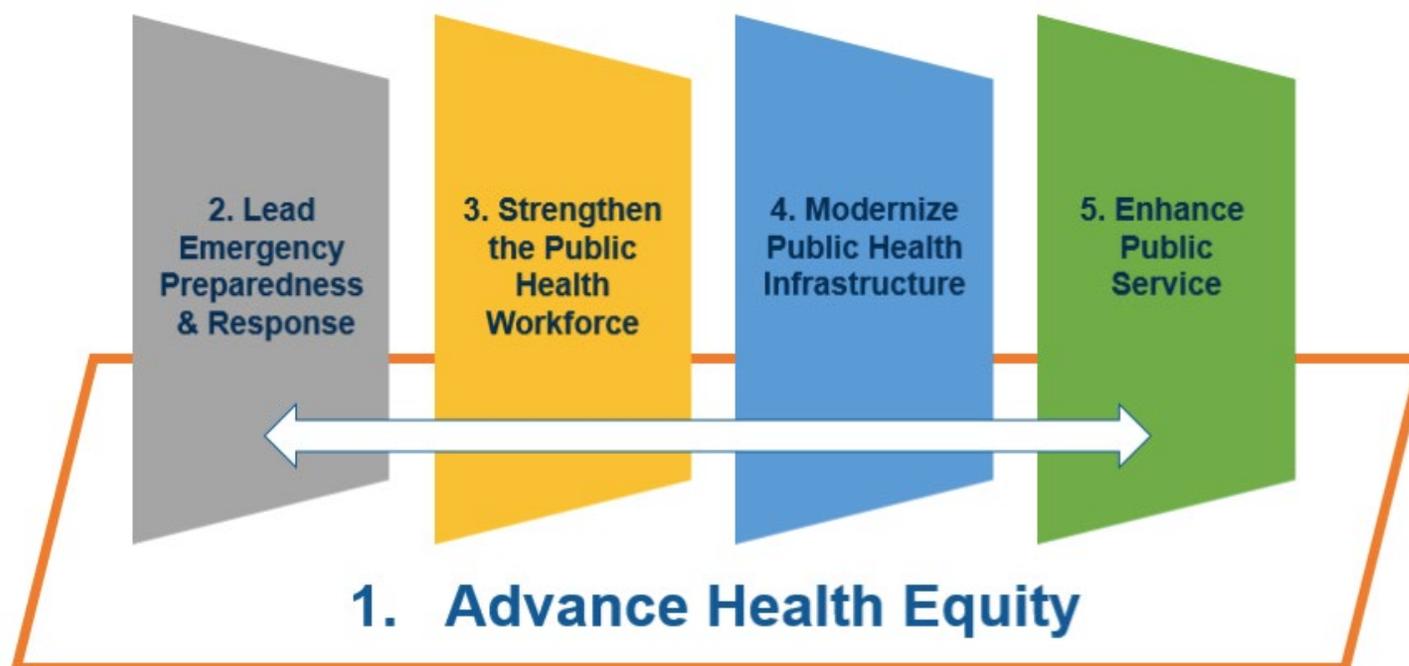
DPH works to improve public health infrastructure by leading equity-centered data modernization and data sharing efforts; by updating operational systems, services, and processes; and by renovating and replacing physical plants in ways that advance health equity and acknowledge the impact of place and space on community health.

Enhance Public Service (5)

DPH fosters public trust through high-quality program delivery, streamlined public engagement, and partnership with those most impacted by health inequities and emergent threats to public health.

These foundational strategies inform an interdependent and unified approach to public health rather than five separate functional areas of work. The DPH Strategic Plan to Advance Racial Equity is organized to dismantle racial inequities and advance racial equity in a coordinated way within each of the foundational public health strategies as outlined in the pages that follow.

DPH's Five Foundational Public Health Strategies



Five Foundational Public Health Strategies (Graphic 1)

DPH's Framework to Advance Health Equity (1)

To advance health equity comprehensively and sustainably for residents who consistently and persistently experience inequities, DPH leads with the principles and practices of health equity in all efforts. By developing a shared commitment and approach, DPH seeks to collectively and collaboratively address systemic inequities in health across all essential public health services and functions.

DPH commits to advancing racial equity as the foundation of its mission to advance health equity across the Commonwealth. DPH's five-year plan to advance health equity aims to lead with race explicitly, though not exclusively, by implementing a racial-equity-

informed intersectional approach to partnering with priority populations that experience the most deeply entrenched inequities in public health. **This racial-equity-centered approach to health equity is the foundational public health strategy that guides the Strategic Plan to Advance Racial Equity.**

The DPH Strategic Plan to Advance Racial Equity seeks to build capacity for facilitating the use of a racial equity analysis in all internal and external efforts to advance health equity across the Commonwealth. Given this, DPH's Health Equity Framework is made up of a set commitments and practices that are informed by an intersectional racial equity analysis so that over the next five years DPH may explicitly lead with a racial-equity-centered approach to health equity.

Health Equity Commitments

DPH leads all work with these four health equity commitments as guides for operations, policymaking, and organizational development:

1. We commit to partnering with communities to provide and interpret data and other information to identify and dismantle inequities in health access and outcomes.
2. We commit to examining the root causes of inequities to address the public health impacts of racial inequities and all other forms of oppression.
3. We commit to co-creating solutions intended to transform the root causes that perpetuate inequities in public health.
4. We commit to creating structures and policies that advance health equity by focusing on the social determinants of health through cross-sector, cross-agency coordination and collaboration.

Health Equity Practices

DPH uses the following three essential health equity practices to support leading with a racial-equity-centered approach to health equity across the agency and throughout the Commonwealth:

1. Focusing on priority populations

To enact health equity commitments, DPH partners with populations most impacted by health inequities across all areas of public health service, including in our public health workforce development initiatives. DPH's Office of Health Equity is supporting the

establishment of a coordinated community engagement approach focused on all bureaus and offices strategically partnering with the priority populations as outlined below.

DPH Priority Populations
<p>To strategically advance a racial-equity-centered approach to health equity, DPH intentionally uses an intersectional lens⁵ to understand and respond to the needs of Black, Indigenous, Hispanic/Latino, and/or Asian/Pacific Islander in Massachusetts, particularly people who also identify with one or more of the other priority populations below.</p>
<ul style="list-style-type: none"> • People who do not speak English, for whom English is not their first language, or who prefer to speak in another language • People who do not have access to public transportation or who have barriers with transportation • People who do not feel comfortable receiving care in health clinics and hospitals or through telemedicine • People with disabilities and those who have access and functional needs • People experiencing homelessness • People with mental illness and/or residents with substance use disorder • People who identify as lesbian, gay, bisexual, transgender, queer, intersex, asexual, etc. (LGBTQIA+) • People who are incarcerated or were formerly incarcerated • People who are pregnant or postpartum

⁵ Intersectionality describes how systems of oppression “intersect” to impact people who experience multiple, intersecting forms of oppression in unique and disproportionate ways. Without an intersectional lens, antidiscrimination policies and practices tend to reproduce the patterns of oppression they seek to address because processes of structural discrimination permeate all areas of society. (Adapted from the Center for Intersectional Justice, 2022. Link: [intersectionaljustice.org](https://www.intersectionaljustice.org))

- People under the age of 22 (infants, children, and youth)
- People who are veterans

In applying an intersectional lens to focus on race first — but not exclusively — within these priority populations, it is also important to note that individuals who identify as Black, Indigenous, Hispanic/Latino, and/or Asian/Pacific Islander have a wide range of racial and ethnic identities and a wide range of experiences with racism, racialized violence, and health inequities. Given this, ensuring that disaggregated data are as detailed and nuanced as possible when it comes to *specific* racial and ethnic identities is important to skillfully identifying health inequities and advancing racial equity.

For example, the 2020 COVID-19 Community Impact Survey found that a lower percentage of Asian American and Pacific Islander (AAPI) respondents worked in high-risk jobs outside of the home in the early pandemic than the state average (43% for AAPI respondents compared with the state average of 52%), but in further disaggregation, results showed significant differences among those who identify as AAPI. In examining the data for subpopulations within AAPI respondents, 71% of Cambodian respondents were working in high-risk jobs outside the home compared with 37% of Korean and Asian Indian respondents, respectively. Similarly, the COVID-19 Community Impact Survey explored the detail of racial inequities connected to social determinants of health, revealing that Cambodian and Black respondents were most financially insecure, worried about meeting one (1) or more categories of basic expenses in the early pandemic (72% of Black Non-Hispanic respondents, 81% of Cambodian respondents compared with the state average of 44%). This detail on inequity would have been hidden without further disaggregation among those who identify as AAPI (52% of Asian Non-Hispanic overall).⁶ Specifically, disaggregating data by racial and ethnic subgroups allows for a more impactful approach to addressing racial inequities and health inequities.

⁶ Ursprung, Sanouri, et. al. “COVID - 19 Community Impact Survey: Race Population Spotlights & Discrimination,” Massachusetts Department of Public Health, June 8, 2021. Link: mass.gov/doc/ccis-webinar-slides-discrimination-race-spotlights/download

2. Using a structural analysis

Understanding the ways that systems of oppression create and perpetuate structural inequities supports DPH in making systems-level changes to advance health equity. DPH seeks to understand the ways that the structures it designs, operates, and builds perpetuate inequities. By embracing an understanding of the ways that state and national public service systems have been built upon racialized policies, practices, and institutions, DPH aims to lead health equity efforts across the agency, the secretariat, and the Commonwealth using a structural analysis of how systemic racism works. In leading racial-equity-centered change, DPH notes the imperative for a shared approach to equity across all public agencies as racial inequities are also replicated in educational systems, housing and built environments, carceral systems, economic systems, climate response, and public workforce systems. Racial inequities appear consistently across these systems even after adjusting for socioeconomic factors, such as income and cultural differences, because of pervasive systemic racism.⁷

The racism within the systems that DPH leads and operates depresses health prevention, access, treatment, and outcomes for all people, perpetuates inequitable and unjust public health structures and policies, and causes many of the most persistent health inequities. In advancing racial equity strategies, DPH believes that achieving optimal health and well-being for all residents becomes more accessible, equitable, and attainable. Racial equity strategies implemented with an intersectional approach focused on all priority populations creates opportunities to address the ways that current structures and practices are not adequately serving Black, Indigenous, Hispanic/Latino, and/or Asian/Pacific Islander residents and to improve structures to better serve all residents.⁸

DPH tackles racial inequities holistically through this plan across all five foundational public health strategies, acknowledging that the structures of racism that cause the racial inequities to persist in our programs and policies and regulations are the same structures that

⁷ Hayes-Greene, Deena, and Bayard P. Love. *The Groundwater Approach: Building a Practical Understanding of Structural Racism*. The Racial Equity Institute. 2018. Link: groundwaterinstitute.com

⁸ GARE Resource Guide, Government Alliance on Race and Equity (GARE), 2015. Link: racialequityalliance.org/wp-content/uploads/2015/02/GARE-Resource_Guide.pdf

perpetuate inequities on DPH teams, in workplace dynamics, and in the internal workforce infrastructure. To address these root structural causes, the objectives and activities outlined in this plan involve a multidimensional approach in which all staff, regardless of their roles or functions, build the capacity to apply a racial equity analysis to the parts of the system they influence.

3. Leading with Equity Principles

The Equity Principles can be applied at all levels of organizational work, whether structurally and institutionally within a bureau or office or on a team and interpersonally. All staff members at DPH are encouraged to apply these principles to their daily work within their teams, units, projects, and tasks. The Equity Principles developed for DPH focus on racial equity first though not exclusively. They are inspired by and adapted from the racial equity principles published by Dismantling Racism Works.⁹

Equity Principles

1. Acknowledge and address the characteristics of cultural and systemic racism and other systems of oppression that exist within each individual as well as within the system.
2. Work at all four levels of change: internal, interpersonal, institutional, and structural.
3. Think and act collaboratively and collectively.
4. Be accountable to putting these principles into action and also be accountable to the people most impacted by systemic racism, particularly to those who experience the impact of multiple systems of oppression.
5. Include voices and perspectives of people disproportionately impacted by systems of oppression and/or typically underrepresented or excluded from the conversation.
6. Practice transparency in decision-making and communications.
7. Set explicit, specific goals related to addressing racial inequities.

⁹ Okun, Tema. Racial Equity Principles, Dismantling Racism Works, 2022. Link: whitesupremacyculture.info/racial-equity-principles.html

8. Take risks, innovate, and learn from mistakes.
9. Collaborate and seek connection across silos.
10. Cultivate meaningful relationships within and across teams.

2024-2028 Strategic Objectives, Activities, and Measures to Advance Racial Equity

The DPH Strategic Plan to Advance Racial Equity, as outlined in detail below through nine objectives across five foundational public health strategies, enables the agency to move toward its vision of health equity for all. DPH advances racial equity throughout the Commonwealth by taking action on the objectives and activities below in order to transform itself as an organization, a state agency, a workforce, a regulator, a provider of care, and an organizational public servant. Throughout the implementation of this plan, DPH is committed to engaging in and leading critical dimensions of the Executive Office of Health and Human Services’ (EOHHS’s) secretariat-wide health equity strategy as well as the larger Healey-Driscoll Administration’s agenda of advancing racial equity for all.

Lead Emergency Preparedness & Response (2)

At DPH, we take responsibility for leading efforts in Massachusetts to prepare for, respond to, and prevent public health emergencies such as emerging infectious diseases, biothreats, natural disasters, climate change, threats to reproductive and gender-affirming health care, racism, and racialized violence.

DPH advances racial equity in support of emergency preparedness and response by focusing on building foundational partnerships and collaborative efforts. This plan forms an initial response to the prescient public health threat of racism and racialized violence and informs essential preparation for supporting equity-centered emergency responses to other public health emergencies.

2.1 Objective One: Focus on the populations most in need as a result of the impacts of racial inequities in health throughout planning, programming, policies, and regulatory operations across DPH.

2.1.1 Primary Activity One: Bureaus and offices (in collaboration with the Commissioner’s Office strategic plan implementation

<p>and performance management team) support programs and units to do an annual review of and quality improvement plan for addressing racial, ethnic, cultural, and linguistic inequities in their work using equity-centered assessment tools like the racial equity reframe, racial equity impact assessment, CLAS Internal Assessment, and/or other relevant frameworks.</p>	
	<ul style="list-style-type: none"> • Create and disseminate the annual review (internal assessment tool) and quality improvement guide for programs and units to use. Tool designed to take into account the constraints and limits that may arise for some areas of work due to statutory and regulatory language. (Year One)
	<ul style="list-style-type: none"> • Bureaus or offices track the completion of the review and quality improvement plans put into place. (Years One & Two)
	<ul style="list-style-type: none"> • Bureau and office directors report out on progress toward and impact of quality improvement (% of quality improvement plan complete, actions taken to advance equity, impact of actions taken on equity) annually. (Years Two, Three, Four, Five)
<p>2.1.1 Suggested Measures for Monitoring & Evaluation:</p> <ul style="list-style-type: none"> • % of programs/units that have completed and shared the review and assessment • % of programs that have integrated racial-equity-informed quality improvement protocols, processes, tools • Documented results of assessments with action plans from results 	
<p>2.1.2 Primary Activity Two: DPH creates senior-level feedback mechanisms within each bureau and office for raising concerns about areas in which racial inequities and their effect on health equity are not being assessed, addressed, or considered in programs, policies, standards, regulations, and practices of public health.</p>	
	<ul style="list-style-type: none"> • Conduct assessment of how feedback on and information about racial inequities in program, policy, standards, regulations, and practices are currently being discussed, shared, tracked, and documented across

	bureaus and offices. (Year One)
	<ul style="list-style-type: none"> • Create recommendations for bureaus and offices to implement formal feedback mechanisms by which all staff are encouraged to use and supported in delivering feedback about racial inequities in programs, policies, standards, regulations, and practices of public health at DPH. (Year One)
	<ul style="list-style-type: none"> • Design and deliver training for bureau and office directors and other senior leadership to respond to and engage the feedback using principles and practices of racial equity. Make ongoing coaching support available to bureau and office directors and other senior leadership responsible for receiving the feedback. (Years One & Two)
	<ul style="list-style-type: none"> • Implement quarterly system of staff feedback to bureau or office directors. Through the feedback mechanism, staff are invited to raise concerns anonymously about areas in which racial inequities are not being assessed, addressed, or considered in program, policy, standards, regulations, or practices of public health. (Years Two, Three, Four, Five)
	<ul style="list-style-type: none"> • Create externally facilitated (racial equity consultant) quarterly bureau and office director coaching pods in racial affinity to review concerns raised and create short-term plans for response to and action to address what is received. (Years Two, Three, Four, Five)
	<ul style="list-style-type: none"> • Each quarter, bureau and office directors send out an all-staff correspondence to their bureau or office with short-term plan on response to and action to address concerns raised, prioritizing both transparency and anonymity in the sharing of concerns being responded to. (Years Two, Three, Four, Five)
<p>2.1.2 Suggested Measures for Monitoring & Evaluation:</p> <ul style="list-style-type: none"> • List of bureaus and offices participating in feedback gathering • #/% of senior leaders participating 	

- Qualitative assessment of senior leaders learning from feedback
- Track actions stated in all-staff correspondences

2.2 Objective Two: Lead efforts to increase collaborations, learning, and change with the purpose of creating partnerships and joint efforts that advance racial equity across public health and all social determinants of health in the Commonwealth.

2.2.1 Primary Activity One: In connection with the secretariat-wide health equity strategy, DPH leads interagency collaborations (including transportation, education, housing, law enforcement, environmental management, recreation, and others) that support advancing racial equity in health across all policies, focusing on collaborative efforts that advance racial equity capacity building and policy across the social determinants of health. (DPH leads this activity primarily, though not exclusively, through the collaborative efforts of Advancing Health Equity in MA [AHM, formerly the Interagency Health Equity Team] in fulfillment of the requirements of General Law – Part 1, Title II, Chapter 6A, Section 16AA.¹⁰) (Years One, Two, Three, Four, Five)

2.2.1 Suggested Measures for Monitoring & Evaluation:

- # of interagency collaborations
- # of interagency collaborations that support advancing racial equity in public health
- % of interagency collaborations that are dedicated to advancing racial equity in public health
- Documentation and dissemination of learning from interagency collaborations that support advancing racial equity in public health

¹⁰ Commonwealth of Massachusetts’ General Law - Part I, Title II, Chapter 6A, Section 16AA, subsection d. Link: malegislature.gov/Laws/GeneralLaws/PartI/TitleII/Chapter6A/Section16AA

<p>2.2.2 Primary Activity Two: DPH, building off of its own and sibling agency partnerships, advances alliances and partnerships that support hospitals and other providers to dismantle racial inequities in health within their own systems.</p>	
	<ul style="list-style-type: none"> • DPH convenes a cross-departmental team to conduct a racial equity strengths and needs assessment with the purpose of identifying possible levers of change that DPH has the position to influence in seeking to advance racial equity in partnership with hospitals and health care providers. (Years One & Two)
	<ul style="list-style-type: none"> • DPH coordinates with MassHealth and other sibling agencies to understand their efforts to support hospitals and other providers in dismantling racial inequities in health and to identify areas of collaboration. (Years One & Two)
	<ul style="list-style-type: none"> • DPH cross-departmental team identifies initiatives and programs supporting and influencing hospitals and providers to dismantle racial inequities in health within their own systems to document lessons learned, build collaborative partnerships, and identify models and frameworks to consider for scale. For example, the Perinatal-Neonatal Quality Improvement Network of Massachusetts (PNQIN) Alliance for Innovation on Maternal Health (AIM) focuses on advancing racial equity in maternal health through the implementation of the Alliance for Innovation on Maternal Health (AIM) safety bundles in hospital and provider systems. (Years Two, Three, Four, Five)
	<ul style="list-style-type: none"> • DPH cross-departmental team creates recommendations and/or tools for hospitals and providers to advance racial equity, include compliance with CLAS standards. (Years Two, Three, Four)
	<ul style="list-style-type: none"> • DPH cross-departmental team assesses other areas within the public health system where a similar model of assessing, identifying initiatives and programs, and creating recommendations and/or tools might support advancing racial equity across the public health infrastructure of the Commonwealth (possibilities include public health educational and academic institutions, local public health boards, etc.). (Years Four & Five)

2.2.2 Suggested Measures for Monitoring & Evaluation:

- Completion of assessment of and reporting on recommended levers of change
- # of partnerships, initiatives, programs or alliances established
- Data on hospital compliance with CLAS standards
- Additional measures to be created and tracked after assessment and recommendations

Strengthen the Public Health Workforce (3)

At DPH, we believe that optimal health and well-being for the residents of Massachusetts starts by cultivating optimal health and well-being for our public health workforce. DPH aims to develop a competent, compassionate, and diverse public health workforce in ways that support health and well-being; that build capacity to lead an approach to health equity that centers racial equity; and that enables recovery and resilience.

DPH advances racial equity and resilience in the public health workforce through strategic recruiting, hiring, retention, and professional capacity building.

3.1 Objective One: Use equitable practices to recruit and hire candidates with relevant educational, work, and lived experience and expertise addressing racial inequities in health, across all roles within DPH.

3.1.1 Primary Activity One: DPH conducts assessment of racial inequities in current HR recruitment and hiring policies and practices, both with management and bargaining unit positions, in alignment with the DPH Workforce Development Plan. (Year One)

3.1.1 Suggested Measures for Monitoring & Evaluation:

	<ul style="list-style-type: none"> • Completion of assessment that is shared with all bureaus and offices, includes detailed analysis of experience and demographics of competitive applicant pools (those selected for interviews)
	<p>3.1.2 Primary Activity Two: DPH creates a quality improvement action plan to address the racial inequities in current HR recruitment and hiring policies and practices, both with management and bargaining unit positions, in alignment with the DPH Workforce Development Plan.</p>
	<ul style="list-style-type: none"> • Year 2-5 activities defined based upon the findings of the year one assessment (2.1.1) and the quality improvement plan designed to address the inequities (2.1.2). Year 2-5 activities may include scaling the following across bureaus and offices and/or adding additional activities. Considerations about capacity building and training are part of quality improvement planning.
	<ul style="list-style-type: none"> • Promote all job postings in languages, channels, and formats that specifically reach priority populations in order to support racial diversity in the pool of competitive candidates. (Years Two, Three, Four, Five)
	<ul style="list-style-type: none"> • Create resume screening panel teams that are diverse and have expertise addressing racial inequities to screen for racial equity experience and expertise in resume review process. (Years Two, Three, Four, Five)
	<ul style="list-style-type: none"> • Create hiring panel teams that are diverse and have expertise addressing racial inequities within each round of interviews. (Years Two, Three, Four, Five)
	<ul style="list-style-type: none"> • Apply and use data from the State Employee Diversity Dashboard, disaggregated by race and ethnicity within each salary tier, and share with all staff on a quarterly basis, to inform hiring and retention strategies. (Years Two, Three, Four, Five)
	<p>3.1.2 Suggested Measures for Monitoring & Evaluation:</p> <ul style="list-style-type: none"> • Completion of quality improvement plan, shared with all bureaus and offices

	<ul style="list-style-type: none"> • Assessment of racial diversity (as available based on self-disclosure) in competitive applicant pools (those who make it to interview round) • % of jobs shared in channels that reach priority populations • List of channels that reach priority populations disseminated and updated annually • % of resume screening panels that are diverse and have expertise addressing racial inequities (baseline to be obtained) • % of hiring panels that are diverse and have expertise addressing racial inequities • Guidance on screening for racial equity experience shared • Management report on salary data disaggregated by race and ethnicity pulled from State Employee Diversity Dashboard
	<p>3.1.3 Primary Activity Three: DPH develops recruitment processes that assess candidates’ educational, work, and lived experience and expertise in addressing racial inequities in health in addition to other job requirements.</p>
	<ul style="list-style-type: none"> • Share resources, tools, templates, and practices to support bureaus and offices in taking action on the activities listed below in ways that center racial equity. (Year One)
	<ul style="list-style-type: none"> • Include racial equity language in all job descriptions across DPH. (Example: “demonstrated capacity and experience in reaching members of DPH priority populations” or “demonstrated capacity and experience collaborating on diverse teams and using practices of racial equity and inclusion.”) (Years Two, Three, Four, Five)
	<ul style="list-style-type: none"> • Include questions related to racial equity experience and expertise in all interview question guides. (Years Two, Three, Four, Five)
	<ul style="list-style-type: none"> • Train interviewers on asking questions related to racial equity in interviews using racial equity lens of analysis to customize the question for the role. For example, “Please share your experience applying a racial equity lens in data analysis” or “Please share your experience applying a racial equity lens as a manager or

		<p>leader.” (Years Two, Three, Four, Five)</p>
	<p>3.1.3 Suggested Measures for Monitoring & Evaluation:</p> <ul style="list-style-type: none"> • Completion of quality improvement plan, shared with all bureaus and offices • % of jobs postings with racial equity language • % of interviews conducted with racial equity questions • % of job descriptions with racial equity tasks/time/responsibility • Feedback from interview panelists on their experience asking interview questions (for training and quality improvement) • Feedback from interview panelists on their experience participating on the panel (for training and quality improvement) • Feedback from interview panelists on their perception of their ability to influence decisions, particularly when concerns about racial equity experience and expertise arise (for training and quality improvement) • % of hiring processes using these interview questions • Increased diversity of staff hired (changes on State Employee Diversity Dashboard) 	
<p>3.2 Objective Two: Increase retention and reduce attrition within DPH, with an emphasis on retaining staff with experience and expertise addressing racial inequities in health and increasing racial diversity among senior leadership and managers.</p>		
	<p>3.2.1 Primary Activity One: Bureaus and offices include racial equity expertise and experience as essential criteria for evaluation and consideration of internal candidates’ promotion into management positions (MIV and above).</p>	
		<ul style="list-style-type: none"> • Conduct baseline assessment on internal promotions into management positions (MIV and above) across all bureaus and offices that assesses criteria used for evaluation. Baseline assessment data includes detailed demographic information on the rate of promotion, disaggregated by race and ethnicity. (Where a sample number may be too small to report given privacy concerns, reporting will be conducted on a more

	aggregated basis.) (Years One & Two)
	<ul style="list-style-type: none"> Assess current obstacles and barriers in the standards of practice related to internal promotion, and document recommendations of successful and equitable approaches to internal promotion. (Years One & Two)
	<ul style="list-style-type: none"> Collaborate with EOHHS to create an asset question/s in MassCareers focused on assessing experience and expertise in advancing racial equity. (Years Two, Three, Four)
	<ul style="list-style-type: none"> Identify bureaus, offices, and teams in which colleagues with racial equity expertise have been successfully promoted and retained in management positions (MIV and above) to document lessons learned. (Years Two & Three)
	<ul style="list-style-type: none"> Identify bureaus, offices, and teams in which colleagues with racial equity expertise have not been successfully promoted and retained in management positions (MIV and above) to provide enhanced support and to document lessons learned. (Years Two & Three)
	<ul style="list-style-type: none"> Identify, develop, and implement resource guides and training for hiring managers to support retention and promotion of internal candidates with racial equity expertise and experience all positions, specifically management positions (MIV and above). (Years Three, Four, Five)
	<ul style="list-style-type: none"> Establish a process and provide training for hiring managers recruiting for positions (MIV and above) to document process of recruiting, reviewing, and interviewing internal candidates with specific notes on racial equity experience or expertise. (Years Three, Four, Five)
<p>3.2.1 Suggested Measures for Monitoring & Evaluation:</p> <ul style="list-style-type: none"> Create asset question(s) about racial equity experience and expertise in MassCareers 	

	<ul style="list-style-type: none"> • #/% of promotions of internal candidates with racial equity expertise and experience • % of hiring managers for positions who interviewed internal candidates • # of competitive internal candidates who apply to be promoted with disaggregated data by level, by race and ethnicity, and by tier jump • # of internal candidates promoted disaggregated data by level, by race and ethnicity, and by tier jump (MV to MVII = two tiers) • Salary increase data for promoted internal candidates disaggregated by level, by race and ethnicity, and by tier jump (MV to MVII = two tiers) • Qualitative review of documentation conducted annually for insights and trends <p>[All data aims to include disaggregated data by level, by race/ethnicity, and by tier jump (MV to MVII = two tiers)]</p>
	<p>3.2.2 Primary Activity Two: DPH assesses, improves, and scales internal supports and resources to promote retention of colleagues who have racial equity experience and expertise, through individual coaching and support services, workplace psychological safety efforts, and workplace retention efforts, in alignment with the DPH Workforce Development Plan.</p>
	<ul style="list-style-type: none"> • Conduct a racial equity impact assessment of all internal coaching and professional development supports across bureaus and offices intended to create a healthy workplace culture, to address microaggressions and implicit bias, and to support Black, Indigenous, Hispanic/Latino, and/or Asian/Pacific Islander employees well-being, development, and retention. (Year One)
	<ul style="list-style-type: none"> • Create and implement a plan to scale internal coaching and professional development supports that demonstrate impact in creating an equity-centered workplace culture and in supporting the professional development, well-being, and retention of Black, Indigenous, Hispanic/Latino, and/or Asian/Pacific Islander employees across bureaus and offices. (Years Two, Three, Four, Five)

		<ul style="list-style-type: none"> • Create and implement a plan to add equity-centered coaching and management support services that address the different needs and levels of capacity of managers with the goal of offering professional development that increases skill in using a health equity and racial equity analysis. (Years Two, Three, Four, Five)
		<ul style="list-style-type: none"> • Invest in employee resource groups and racial affinity spaces across the bureaus and offices with the intentional goal of creating a workplace environment supportive of advancing and centering racial equity. (Years One, Two, Three, Four, Five)
	<p>3.2.2 Suggested Measures for Monitoring & Evaluation:</p> <ul style="list-style-type: none"> • Completion of assessment of supports and resources to promote retention using racial equity impact assessment tools, share results • % of staff who report a workplace culture that reflects a safe and supportive environment • # of opportunities offered for coaching and professional development using racial equity lens • % of utilization (by level, function, race/ethnicity) of the opportunities offered for coaching and professional development using racial equity lens • Annual qualitative assessment of impact through the feedback of those who participate in coaching and management support programs with learning disaggregated by race and ethnicity • % of Black, Indigenous, Hispanic/Latino, and/or Asian/Pacific Islander staff who participate in coaching and professional development supports who stay for more than one, two, five years post-participation • #/% of management actively engaged in racial-equity-centered professional development, disaggregated by tier and also race and ethnicity (based on self-disclosed voluntary anonymous survey) • \$ spent on professional development, coaching, support of Black, Indigenous, Hispanic/Latino, and/or Asian/Pacific 	

	<p>Islander leadership development</p> <ul style="list-style-type: none"> • \$ spent on racial-equity-centered capacity building with the goal of creating a workplace environment supportive of advancing and centering racial equity
<p>3.3 Objective Three: Increase the DPH workforce capacity to lead with and act on the principles and practices of racial equity, with a particular focus on developing capacity and accountability amongst senior leadership and managers (MIV and above).</p>	
	<p>3.3.1 Primary Activity One: DPH implements standards for advancing equity in the workplace and equity-informed work outcomes to evaluate senior leaders and managers.</p>
	<ul style="list-style-type: none"> • Create a list of standards for advancing equity based on the objectives outlined in this plan and CLAS requirements. (Years One & Two)
	<ul style="list-style-type: none"> • Managers (MIV and above) and/or their assigned direct reports participate in the comprehensive CLAS training program (Years Two, Three, Four, Five)
	<ul style="list-style-type: none"> • Managers support their programs, teams, and units in conducting the CLAS Internal Assessment. (Years Two, Three, Four, Five)
	<ul style="list-style-type: none"> • Bureau and office senior leadership teams assess, document, and share their advancement of racial equity strategies and activities outlined in this plan, including an assessment of: (Year Two) <ol style="list-style-type: none"> 1. Implementation of equity-centered hiring practices 2. Parity in retention and promotion across race and ethnicity 3. Leadership openness to receive and act on feedback from staff, partners, and community members or groups 4. Leadership commitment to training and building capacity to advance racial equity

		<ol style="list-style-type: none"> 5. Use of racial equity tools in operations, budgeting, programs, and policy 6. Engagement with relevant and diverse communities and residents of Massachusetts to advance equity in the core mission of the bureau or office 7. Use of disaggregated data and mixed-method analysis to identify racial inequities in core mission work 8. Demonstrable strategic advancement of principles and practices of racial equity in work product 9. Integration of procurement and contract management practices to advance racial equity
		<ul style="list-style-type: none"> • Bureau and office directors create and share a quality improvement plan based on their assessment of the advancement of racial equity strategies and activities outlined in this plan. (Years Two & Three)
		<ul style="list-style-type: none"> • Establish a process for senior leaders (specifically Commissioner’s Office managers, bureau directors, and office directors) to complete a 360-degree feedback review process every two years, to debrief their feedback with an equity-centered leadership coach, and to create an action plan for leadership development. Leaders share the 360-degree feedback summary and the action plan for leadership development with their reporting manager. (Breakout into cohorts of leaders across Years One & Two, repeat in Years Four & Five)
<p>3.3.1 Suggested Measures for Monitoring & Evaluation:</p> <ul style="list-style-type: none"> • % of senior leaders and managers practicing accountability to racial equity work (use racial equity climate survey to assess) • Complete and share standards • # of participants in CLAS training • % of participation in CLAS training by level of role or team • Participant evaluation data on CLAS training 		

- #/% of programs/units completed CLAS Internal Assessment
- Annual report documenting results of the CLAS Internal Assessments
- Bureaus and offices that completed, documented, and shared assessment of their progress on the strategies outlined in this plan
- Qualitative feedback on the progress assessment on the strategies outlined in this plan to improve the assessment
- Summary report on the progress assessment of the strategies outlined in this plan and compliance with the standards
- Bureaus and offices that completed and shared their quality improvement plans based on their assessment
- % of senior leaders and managers who complete the 360 and coaching
- % of senior leaders who share their action plan for leadership development
- Collective review of aggregated 360 results to share year-upon-year improvement in senior leader’s impact

3.3.2 Primary Activity Two:

Within two years of hire, DPH managers (MIV and above) complete and engage annually in the continuum of racial equity training offerings, which includes the foundational 2-Day Racial Equity Training and Integration Sessions (Racial Equity Training), as well as ongoing Racial Equity Learning Labs focused on application of racial equity principles within specific roles and job functions. The continuum includes requirements to participate in the following:

1. Foundations (Within Two Years of Hire):
 - 2-Day Racial Equity Training
 - Racial Equity Integration Space
 - Two additional activities (Racial Justice Labs)
2. Integration (Following Completion of Foundations):
 - Three activities (Racial Justice Labs)

		<ul style="list-style-type: none"> • Scale 2-Day Racial Equity training across all offices and bureaus for all management (MIV and above), and open to all staff at all levels. (Years Two, Three, Four, Five)
		<ul style="list-style-type: none"> • Scale Racial Equity Integration Spaces for participants who complete the 2-Day Racial Equity training, to be completed by all management (MIV and above) and open to all staff at all levels. (Years Two, Three, Four, Five)
		<ul style="list-style-type: none"> • Create two new Racial Justice Labs for all management (MIV and above). The first focused on power, positional authority, gatekeeping, delegation, and shared leadership. The second focused on trauma-informed understanding of racial equity and cultivating psychological safety in teams. Conduct group sessions in cohorts (MVIII and above, MIV-MVII) to further apply positional context in these Labs. (Years Three, Four, Five)
		<ul style="list-style-type: none"> • Scale existing Racial Justice Labs focused on integrating and applying racial equity principles in role specific ways for all managers and open to staff at all levels. (Years Two, Three, Four, Five)
		<ul style="list-style-type: none"> • Offer new or additional Racial Justice Labs focused on applying racial equity principles within specific roles and job functions, for all managers (MIV and above) and open to staff at all levels. For instance, new labs might be developed with a focus on applying a racial equity lens to legal analysis, evaluation, contract management, health communications, procurement, performance management, etc. (Years Three, Four, Five)
		<ul style="list-style-type: none"> • Continue to support EOHHS’s DEI-approved employee resource groups, including facilitated group coaching space with the explicit intention of supporting white senior leaders and managers (MIV and above) in practicing accountability to feedback on and practices of dismantling racial inequities in their leadership. (Years Two, Three, Four, Five)

3.3.2 Suggested Measures for Monitoring & Evaluation:

- # of participants in all trainings and offerings
- % of participation by bureau, office, role, function, and team
- Participant evaluation data for all trainings and offerings
- One- and three-year post-training qualitative impact assessment

Modernize Public Health Infrastructure (4)

At DPH, we improve public health infrastructure by leading equity-centered data modernization and data sharing efforts; by updating operational systems, services, and processes; and by renovating and replacing physical plants in ways that advance health equity and acknowledge the impact of place and space on community health.

DPH advances racial equity through a strategic data modernization effort that seeks to understand the experiences of the populations most impacted by racial inequities in health and to lead with equity throughout the full data life cycle in order to address health inequities throughout the Commonwealth.

4.1 Objective One: Establish data requirements related to collection, analysis, interpretation, and dissemination of data that center populations most impacted by racial inequities in health.

4.1.1 Primary Activity One: Serve as EOHHS lead in increasing the quality and quantity of demographic data that must be collected and reported around race, ethnicity, and other key demographics connected to health inequities by creating authentic meaningful partnerships and alliances to influence data collection in major longitudinal data sources and systems. (DPH’s Data Modernization Initiative leads activity in alignment with Advancing Health Equity in MA [AHM, formerly the Interagency Health Equity Team], Executive Order 612, the DPH Equity-Centered Data Strategic Plan and in collaboration with bureaus and offices,

community partners, other agencies, EOHHS, and key partners.)	
	<ul style="list-style-type: none"> Bureaus and offices identify subject matter experts (SMEs) to collaborate with the Data Modernization Initiative on this activity area. (Year One)
	<ul style="list-style-type: none"> DPH Data Modernization Initiative collaborates across DPH with identified SMEs to identify the major longitudinal data sources and systems that DPH relies upon to assess population health. (Year One)
	<ul style="list-style-type: none"> DPH Data Modernization Initiative coordinates with Advancing Health Equity in MA (AHM, formerly the Interagency Health Equity Team) related to the Data Equity requirements and collaborations within Executive Order 612,¹¹ Section 7 of the FY2024 Budget Outside Section,¹² and other secretariat and statewide efforts.
	<ul style="list-style-type: none"> DPH Data Modernization Initiative identifies the improvement needs and data standards for each of the identified major longitudinal data sources and systems in order to advance equity and improve demographic data around race, ethnicity, and other key demographics connected to health inequities. (Years One & Two)
	<ul style="list-style-type: none"> DPH Data Modernization Initiative reviews the identified data sources and improvement needs using an equity lens in order to surface any potential inequities or harms that would be newly introduced by changes

¹¹ Healey, Maura. “Instituting the Practice of Equity Assessment Government-Wide and Creating the Inter-Agency Coordinating Committee on Increasing Equity Through Data.” Executive Order No. 612. May 5, 2023. Link: [mass.gov/executive-orders/no-612-instituting-the-practice-of-equity-assessment-government-wide-and-creating-the-inter-agency-coordinating-committee-on-increasing-equity-through-data](https://www.mass.gov/executive-orders/no-612-instituting-the-practice-of-equity-assessment-government-wide-and-creating-the-inter-agency-coordinating-committee-on-increasing-equity-through-data)

¹² Commonwealth of Massachusetts. Budget Summary, FY2024 Enacted, Outside Section, Section 7 Data Equity. Link: budget.digital.mass.gov/summary/fy24/outside-section/section-7-data-equity

		<p>to the system of data collection or data reporting. (For example, considering whether requirements are asking too many or irrelevant questions or taking into account death certificates as records available to the public or electronic medical record information needing to be collected by a practitioner or in a survey.) (Years One & Two)</p>
		<ul style="list-style-type: none"> • DPH Data Modernization Initiative conducts an ecosystem analysis to identify key partnerships and influencers of change connected to the system or source of longitudinal data identified as needing of improvements or standardization. (Years Two & Three)
		<ul style="list-style-type: none"> • DPH Data Modernization Initiative, in collaboration with bureaus and offices, creates strategic alliances with partners that can support the improvements in longitudinal data sources with respect to quality and quantity (details) of demographic data and alignment to equity-centered data standards. (Years Two, Three, Four)
		<ul style="list-style-type: none"> • DPH Data Modernization Initiative supports evaluation in collaboration with SMEs and partners on progress and shares lessons learned, best practices, and recommended standards for other data sources with bureaus and offices. (Years Three, Four, Five)
<p>4.1.1 Suggested Measures for Monitoring & Evaluation:</p> <ul style="list-style-type: none"> • Increases in quality of the demographic data available from key longitudinal data sources • Increases in the detail of the demographic data available from key longitudinal data sources • Completed documentation of identified longitudinal data sources, data improvement needs, potential inequities introduced in pursuing data improvement, and ecosystem analysis • Number of meaningful partnerships influencing longitudinal data sources 		

	<ul style="list-style-type: none"> Outcomes and impact of partnerships to influence longitudinal data sources
	<p>4.1.2 Primary Activity Two: Bureaus and offices conduct a comprehensive equity assessment of the entire data life cycle¹³ used within their operations in order to recommend changes that advance equity, inclusive of longitudinal, comparable data sources and real-time community driven-data sources.</p>
	<ul style="list-style-type: none"> The Office of Population Health, creates and disseminates the comprehensive data life cycle equity assessment template, which includes assessment of the use of tools like the Racial Equity Data Road Map, for bureaus and offices to use. (Year One)
	<ul style="list-style-type: none"> Bureaus and offices identify primary data sources used by their teams across the full range of assessment, policy development, infrastructure, and operations. (Years One & Two)
	<ul style="list-style-type: none"> Bureaus and offices conduct an equity assessment related to the data requirements and standards followed within each of the categories of data used within their assessment, policy development, infrastructure, and operational activities with the intention of ensuring inequities can be thoroughly assessed. (Years Two, Three, Four)
	<ul style="list-style-type: none"> Bureaus and offices conduct an equity assessment related to the use of data for monitoring and evaluating the impact on racial equity as a result of changes in policy, regulation, and operations. (Years Two, Three, Four)

¹³ Data life cycle refers to the need to assess equity at each stage of work in which data and data systems are utilized, from data collection to data-informed policy or programmatic action to data dissemination to near-term monitoring and evaluation to systems for tracking of impact over years and decades.

		<ul style="list-style-type: none"> Bureaus and offices create recommended changes to their collection of, approach to, and use of data in order to advance racial equity within their realm of influence. (Years Three, Four, Five)
	<p>4.1.2 Suggested Measures for Monitoring & Evaluation:</p> <ul style="list-style-type: none"> Data Life Cycle Equity Assessments created # of bureaus & offices with completed Data Life Cycle Equity Assessments Recommendation reports from Data Equity Life Cycle Assessments Early action reports on recommendations from Data Equity Life Cycle Assessments 	
<p>4.2 Objective Two: Engage with populations most impacted by racial inequities in health when interpreting, disseminating, and taking actions on data related to racial inequities in health.</p>		
	<p>4.2.1 Primary Activity One: Bureaus and offices create accountability mechanisms, feedback loops, collaboration, and sharing mechanisms for taking actions when data reveals racial inequities.</p>	
		<ul style="list-style-type: none"> Create and disseminate — at DPH and across EOHHS via Advancing Health Equity in MA (AHM, formerly the Interagency Health Equity Team)— a set of quality improvement standards that support community engagement, learning, design, and action when data reveals racial and health inequities, regardless of whether the inequities are persistent or new/emergent. (Year One)
		<ul style="list-style-type: none"> Use community-based research and data collection methods (community impact survey, rapid assessments, participatory action, etc.) to collect context-rich data to understand racial inequities in health and to take actions on addressing them, across bureaus and offices. (Year Two, Three, Four, Five)
		<ul style="list-style-type: none"> Create a quarterly reporting mechanism for bureau and office staff to share with the bureau or office director data and other information that reveals racial inequities or other inequities impacting priority

		<p>populations and to document quality improvement plans or ideas on how to better understand the data and/or address the inequities. (Year Two, Three, Four, Five)</p>
		<ul style="list-style-type: none"> • Bureau and office senior leadership participate in quarterly meetings with senior leaders from across bureaus and offices to review highlights from the reports on the data that revealed inequities for priority populations and to share the actions taken and ideas proposed to better understand the data and address the inequities. (Year Two, Three, Four, Five)
<p>4.2.1 Suggested Measures for Monitoring & Evaluation:</p> <ul style="list-style-type: none"> • # of action plans, quality improvement plans, programs, and policies created to specifically address racial inequities revealed in data (Note: this measure is not intended to suggest that quantity or standardization of action plan is the goal, but rather to put a mechanism in place to track movement from awareness of racial inequities to change or action to address them. The ideal is to use this measure to advance data to action to improvement to learning in support of advancing racial equity.) • % of action plans, quality improvement plans, programs, and policies created that use equity-centered data strategies to conduct ongoing racial equity evaluation and/or racial equity impact assessment • # of collaborative community focus groups or advisory sessions with specific priority populations held to understand and contextualize data (Note: this measure is not intended to suggest that quantity is valued over quality, but rather to put into place a mechanism to track when sessions are happening in order to support future collaboration and sharing of learning.) • #/% of collaborative community focus groups or advisory sessions with specific priority populations held to understand data that covered two or more topic areas • Documentation and dissemination of community focus groups or advisory session learning • Documentation and dissemination of the process and approach for conducting a community impact survey 		

	<ul style="list-style-type: none"> • Documentation of learning that comes from community impact surveys, rapid assessments, and other community-based research and data collection efforts • # of bureaus and offices conducting community impact surveys, rapid assessments, and other community-based research and data collection efforts (Note: this measure is not intended to suggest that quantity is valued over quality, but rather to put into place a mechanism to track when sessions are happening in order to support future collaboration and sharing of learning.) • % of programs and units reporting quarterly on racial inequities identified within their data and information gathering activities • % of programs and units reporting inequities identified within their data and information gathering activities that share a proposed action plan • # of bureaus and offices participating in the quarterly racial inequity reporting meetings • % of proposed action plans shared at quarterly racial inequity reporting meetings that are implemented • % of proposed action plans shared at quarterly racial inequity reporting meetings that are evaluated for racial equity impact
	<p>4.2.2 Primary Activity Two: Bureaus and offices collaborate with community members from priority populations most impacted by racial and health inequities to support data contextualization, qualitative data gathering, and narrative reframing to advance racial equity.</p>
	<ul style="list-style-type: none"> • See detailed secondary activities in table below entitled “Comprehensive Equity-Centered Community Engagement Activities.” The detailed activities listed in the table apply to core community engagement efforts outlined in Objectives and Primary Activities within Impact Area One and Impact Area Two of this plan.

4.2.2 Suggested Measures for Monitoring & Evaluation:

- # of bureaus, offices, programs completed year one community engagement identification, assessment, and baseline setting
- # of bureaus, offices, programs with plan for improvement on community engagement for data contextualization, qualitative data gathering, and narrative reframing
- # of community engagement meetings conducted for each priority population for data collection/analysis by bureau/office
- # of community engagement activities at each stage of continuum of community engagement (Inform, Consult, Involve, Collaborate, Delegate, Community-led)
- # of documents shared with lessons learned from meetings
- % of programs engaged in community engagement efforts for data contextualization
- Participant evaluation feedback
- #/% of community engagement sessions that integrated CLAS standards
- %/# of community engagement sessions staffed by people with lived experience relevant to the people being engaged (Note: tracking improvement on this measure year upon year related to Impact Area Three is an important piece of ongoing evaluation.)
- %/# of community engagement sessions staffed by people with skills, training, or expertise in the following:
 - Facilitation
 - Implicit Bias Training
 - Cultural and Linguistic Responsiveness
 - Trauma-informed engagement

- Healing-centered engagement
- Cultural Humility
- %/# of community engagement sessions that community members were compensated for participation

<p>Enhance Public Service (5)</p> <p>At DPH, we foster public trust through high quality program delivery, streamlined public engagement, and partnership with those most impacted by health inequities and emergent threats to public health.</p> <p>DPH advances racial equity through public service by pursuing program, policy, and regulatory operations that focus on addressing the needs of populations most impacted by racial inequities as an effective means to create health equity for all.</p>	
<p>5.1 Objective One: Engage with populations most impacted by racial inequities in planning, decision-making, and implementation of DPH programs, policies, regulations, and statutes that focus on addressing racial inequities in public health across Massachusetts.</p>	
<p>5.1.1 Primary Activity One: Bureaus and offices collaborate with community members or groups representing priority populations most impacted by racial and health inequities in policy writing and review processes and commit to acting on their inputs. (Examples: Policy Advisory Group, Tribal Consultation, and Community Listening Sessions).</p>	
	<ul style="list-style-type: none"> ● See community engagement detailed secondary activities in table below entitled “Comprehensive Equity-Centered Community Engagement Activities.” The detailed activities listed in the table apply to core community engagement efforts outlined in Objectives and Primary Activities within Impact Area One and Impact Area Two of this plan.
<p>5.1.1 Suggested Measures for Monitoring & Evaluation:</p>	

- Documentation of policy work where community engagement took place (#, %, learning)
- # of community engagement activities at each stage of continuum of community engagement (Inform, Consult, Involve, Collaborate, Delegate, Community-led)
- Demographic information on community members or groups engaged in policy review and writing (collected based on optional self-report)
- Documentation of specific community input ideas integrated and not integrated into policy
- Documentation timing within policy writing and review that community members are engaged
- Participant evaluation feedback
- #/% of community engagement sessions that integrated CLAS standards
- %/# of community engagement sessions staffed by people with lived experience related to the communities or residents being engaged (Note: tracking improvement on this measure year upon year related to Impact Area Three is an important piece of ongoing evaluation.)
- %/# of community engagement sessions staffed by people with skills, training, or expertise in the following:
 - Facilitation
 - Implicit bias training
 - Cultural and linguistic responsiveness
 - Trauma-informed engagement
 - Healing-centered engagement
 - Cultural humility
- %/# of community engagement sessions that community members were compensated for participation

5.1.2 Primary Activity Two: Bureaus and offices collaborate with community members from priority populations most impacted by racial inequities in health (and organizations they trust) in program design, planning, and quality improvement efforts and

commit to taking action on their input.

- See community engagement detailed secondary activities in table below entitled “Comprehensive Equity-Centered Community Engagement Activities.” The detailed activities listed in the table apply to core community engagement efforts outlined in Objectives and Primary Activities within Impact Area One and Impact Area Two of this plan.

5.1.2 Suggested Measures for Monitoring & Evaluation:

- Documentation of program design and planning where community engagement took place (#, %, learning)
- # of community engagement activities at each stage of continuum of community engagement (Inform, Consult, Involve, Collaborate, Delegate, Community-led)
- Demographic information on community members or groups engaged in program design and planning (collected based on optional self-report)
- Documentation of specific community input ideas integrated and not integrated into program design and planning
- Documentation timing within program design and planning that community members are engaged.
- Participant evaluation feedback
- #/% of community engagement sessions that integrated CLAS standards
- %/# of community engagement sessions staffed by people with lived experience related to the communities or residents being engaged (Note: tracking improvement on this measure year upon year related to Impact Area Three is an important piece of ongoing evaluation.)
- %/# of community engagement sessions staffed by people with skills, training, or expertise in the following:
 - Facilitation
 - Implicit bias training

	<ul style="list-style-type: none"> ○ Cultural and linguistic responsiveness ○ Trauma-informed engagement ○ Healing-centered engagement ○ Cultural humility <ul style="list-style-type: none"> ● %/# of community engagement sessions that community members were compensated for participation
	<p>5.1.3 Primary Activity Three: Bureaus and offices, in consult with the Assistant Commissioner for Health Equity and in support of the secretariat-wide strategy, build partnerships with Black, Indigenous, Hispanic/Latino, and/or Asian/Pacific Islander-led community-based organizations (CBOs), faith-based organizations (FBOs), and Tribal and Indigenous people serving organizations (TIPSOs) to understand, document, and support their public health priorities across the Commonwealth.</p>
	<ul style="list-style-type: none"> ● Bureaus and offices complete the environmental scan, led by the Office of Health Equity, of current community engagement efforts/activities. (Year One)
	<ul style="list-style-type: none"> ● Office of Health Equity shares learning from activities and partnerships with Advancing Health Equity in MA (AHM, formerly the Interagency Health Equity Team) so that racial-equity-centered priorities can be advanced across all relevant EOHHS programs. (Years One, Two, Three, Four, Five)
	<ul style="list-style-type: none"> ● Bureaus and offices, in collaboration with the Office of Health Equity, identify CBOs, FBOs, and TIPSOs that are led by people who identify as Black, Indigenous, Hispanic/Latino, and/or Asian/Pacific Islander and by other DPH-identified priority populations operating across the Commonwealth of Massachusetts. (Years One, Two, Three)
	<ul style="list-style-type: none"> ● Bureaus and offices, in collaboration with the Office of Health Equity, build partnerships with CBOs, FBOs, and TIPSOs that are led by people who identify as Black, Indigenous, Hispanic/Latino, and/or Asian/Pacific Islander in order to understand and address their public health priorities. (Note: the intention here is to

	<p>elevate the need to center and elevate the priorities of CBOs, FBOs, and TIPSOs that are led by people who identify as Black, Indigenous, Hispanic/Latino, and/or Asian/Pacific Islander. It is not intended to suggest stopping activities with other groups serving priority populations, and yet it is intentionally exclusive in its focus for this strategic effort across DPH.) (Years Two, Three, Four, Five)</p>
	<ul style="list-style-type: none"> • Bureaus and offices, as applicable and in collaboration with the Office of Health Equity, document the public health priorities of CBOs, FBOs, and TIPSOs that are led by people who identify as Black, Indigenous, Hispanic/Latino, and/or Asian/Pacific Islander and other DPH-identified priority populations. Disseminate the priorities and best practice recommendations to support and inform racial equity efforts across their programs, divisions, and units. (Years Two, Three, Four, Five)
	<ul style="list-style-type: none"> • Bureaus and offices, as applicable and in collaboration with the Office of Health Equity, create action plan to integrate learning into racial equity efforts, and disseminate across bureaus, offices, and their programs, divisions, and units. (Years Three, Four, Five)
	<ul style="list-style-type: none"> • Based on action plans that integrate learning, bureaus and offices, as applicable, create purposeful ongoing engagement strategies with CBOs, FBOs, and TIPSOs that are led by people who identify as Black, Indigenous, Hispanic/Latino, and/or Asian/Pacific Islander and other DPH-identified priority populations in order to advance racial equity. (Years Three, Four, Five)
<p>5.1.3 Suggested Measures for Monitoring & Evaluation:</p> <ul style="list-style-type: none"> • #/% of CBOs, FBOs, and TIPSOs that are led by people who identify as Black, Indigenous, Hispanic/Latino, and/or Asian/Pacific Islander engaged as partners or advisors • #/% of CBOs, FBOs, and TIPSOs that are led by people who identify as Black, Indigenous, Hispanic/Latino, and/or Asian/Pacific Islander funded in direct contracts • #/% of CBOs, FBOs, and TIPSOs that are led by people who identify as Black, Indigenous, Hispanic/Latino, and/or 	

	<p>Asian/Pacific Islander funded in subcontracts</p> <ul style="list-style-type: none"> • \$ allocated to CBOs, FBOs, and TIPSOs that are led by people who identify as Black, Indigenous, Hispanic/Latino, and/or Asian/Pacific Islander • # of priorities integrated into planning, policy, programs, regulations, and operations from relationships with CBOs, FBOs, and TIPSOs that are led by people who identify as Black, Indigenous, Hispanic/Latino, and/or Asian/Pacific Islander • #/% of bureaus, offices, programs partnered with CBOs, FBOs, and TIPSOs that are led by people who identify as Black, Indigenous, Hispanic/Latino, and/or Asian/Pacific Islander • #/% of bureaus, offices, programs allocating equitable funding to CBOs, FBOs, and TIPSOs that are led by people who identify as Black, Indigenous, Hispanic/Latino, and/or Asian/Pacific Islander through partnerships • List of CBOs, FBOs, and TIPSOs that are led by people who identify as Black, Indigenous, Hispanic/Latino, and/or Asian/Pacific Islander across the Commonwealth created and shared • List of recommendations for improving community engagement efforts
	<p>5.1.4 Primary Activity Four: DPH senior leaders (within bureaus, offices, and Commissioner’s Office) participate annually in listening to and engaging with community members impacted by at least one of the programs, policies, or regulations they oversee. Senior leaders’ participation to be guided by staff leading community engagement efforts. Senior leaders’ role is to listen, learn, and connect rather than lead, facilitate, or manage the community engagement effort.</p>
	<p>5.1.4 Suggested Measures for Monitoring & Evaluation:</p> <ul style="list-style-type: none"> • # of community engagement conversations with senior leaders and managers present • % of senior leaders who participated in community engagement meetings with community members impacted by the programs, policies, or regulations they oversee • Documentation of ideas from community members acted upon/integrated in quality improvement or planning for

	<p>programs, policies, or regulatory efforts</p>
<p>5.2 Objective Two: Increase access to and funding for organizations representing, serving, and working directly with people most impacted by racial inequities in health.</p>	
<p>5.2.1 Primary Activity One: Bureaus and offices, in consult with DPH Purchase of Service Office, increase accessibility to RFRs/RFQs for more vendors with expertise in serving populations most impacted by racial inequities in health.</p>	
	<ul style="list-style-type: none"> • Bureaus and offices document organizations serving populations most impacted by racial inequities in health that have applied for funding and not received it. (Year One)
	<ul style="list-style-type: none"> • Bureaus and offices conduct meaningful outreach to organizations serving populations most impacted by racial inequities in health that have applied for funding and not received it to understand their experiences, identify root causes of obstacles in access or success. (Year One)
	<ul style="list-style-type: none"> • Bureaus and offices, in collaboration with DPH Purchase of Service Office, Supplier Diversity Office, and COMMBUYS, create a plan to address the root causes of obstacles in access or success for the organizations serving populations most impacted by racial inequities in health that have applied for funding and not received it. (Years One & Two)
	<ul style="list-style-type: none"> • DPH Purchase of Service Office creates technological efficiencies and updates to the Purchase of Service processes and systems with the intention of increasing accessibility and equity in RFR/RFQ processes. (Updates might include creating multiple options for submitting RFR responses, signing contracts, and corresponding with DPH.) (Years Two, Three, Four, Five)
	<ul style="list-style-type: none"> • DPH Purchase of Service Office creates and disseminates a guiding set of documents that bureaus and offices can use to increase accessibility and equity in RFR/RFQ processes. (Year Two)

		<ul style="list-style-type: none"> • Bureaus and offices explore both direct contracting and subcontracting mechanisms and collaboration with DPH Purchase of Service Office to identify and fund community-based organizations with expertise in racial equity that are reducing or eliminating racial inequities in health. (Years Two, Three, Four, Five)
		<ul style="list-style-type: none"> • DPH Purchase of Service Office work with bureaus and offices and with the Supplier Diversity Office for technical assistance and capacity building opportunities to identify and fund community-based organizations with expertise in racial equity that are reducing or eliminating racial inequities in health. (Years One, Two, Three, Four, Five)
<p>5.2.1 Suggested Measures for Monitoring & Evaluation:</p> <ul style="list-style-type: none"> • # of bureaus and offices with documented list of organizations serving populations most impacted by racial inequities that don't have access • # of bureaus and offices having conducted outreach to understand root causes of access needs • # of bureaus and offices engaged with DPH Purchase of Service Office in creating plans to address access issues • # of new vendors or partners who self-identify as not previously having access • # of new vendors or partners certified with the Supplier Diversity Office, disaggregated by certification category/code. • Annual accessibility assessment conducted to get feedback on systems and technology • Track number of bureaus and offices using RFR/RFQ templates and language • % of RFR/RFQ including racial equity language based on DPH's approach to advancing health equity • % of RFR/RFQ using racial equity scoring criteria • # of new vendors or partners directly addressing the needs of priority populations brought on to work through subcontracts and direct contracts • % of new vendors or partners directly addressing the needs of priority populations brought on through subcontracts that 		

	<p>are contracted for work to address racial inequities in health</p> <ul style="list-style-type: none"> • # of new vendors or partners participating in the supplier diversity office technical assistance opportunities • # of RFRs/RFQs that incorporate best practice recommendations from priority populations for the specific public health issue.
	<p>5.2.2 Primary Activity Two: Bureaus and offices collaborate with community members from priority populations most impacted by racial and health inequities in RFR process for the allocation of funding to address those racial and health inequities. When community members are engaged, bureaus and offices commit to acting on their input.</p>
	<ul style="list-style-type: none"> • See community engagement detailed secondary activities in table below entitled “Comprehensive Equity-Centered Community Engagement Activities.” The detailed activities listed in the table apply to core community engagement efforts outlined in Objectives and Primary Activities within Impact Area One and Impact Area Two of this plan.
	<p>5.2.2 Suggested Measures for Monitoring & Evaluation:</p> <ul style="list-style-type: none"> • #/% of RFR processes that include community members or groups • # of community members engaged in RFR processes • # of community engagement activities at each stage of continuum of community engagement (Inform, Consult, Involve, Collaborate, Delegate, Community-led) • Demographic data on community members engaged in RFR processes (collected based on optional self-report) • Participant evaluation feedback • #/% of community engagement sessions that integrated CLAS standards • %/# of community engagement sessions staffed by people with lived experience related to the communities or residents being engaged (Note: tracking improvement on this measure year upon year related to Impact Area Three is an

	<p>important piece of ongoing evaluation.)</p> <ul style="list-style-type: none"> • %/# of community engagement sessions staffed by people with skills, training, or expertise in the following: <ul style="list-style-type: none"> ○ Facilitation ○ Implicit bias training ○ Cultural and linguistic responsiveness ○ Trauma-informed engagement ○ Healing-centered engagement • %/# of community engagement sessions that community members were compensated for participating in
	<p>5.2.3 Primary Activity Three: Improve monitoring CLAS implementation with contracted vendors in contract management responsibilities to increase accessibility, and to integrate principles and practices of advancing racial equity into agreements and partnerships.</p>
	<ul style="list-style-type: none"> • Conduct assessment of obstacles and needs related to CLAS monitoring and racial equity principles within vendor relationships and contract management. (Year One)
	<ul style="list-style-type: none"> • Explore how increasing the number of rolling blankets rather than fixed term contracts might allow new vendors that can meet CLAS and racial equity standards to engage and allow the timeline for adjustment of the partnership agreement to be shorter. (Years One & Two)
	<ul style="list-style-type: none"> • Offer contract managers support and technical assistance in managing compliance to CLAS standards in vendor relationship. (Years One, Two, Three, Four, Five)
	<p>5.2.3 Suggested Measures for Monitoring & Evaluation:</p> <ul style="list-style-type: none"> • % of contracts embedding CLAS standards monitoring

- % of rolling blankets
- % of fixed term
- Review contracts on long fixed terms
- % of contract managers using technical assistance and support in managing contracts with monitoring CLAS implementation

Comprehensive Equity-Centered Community Engagement Activities

The following four primary activities are broadly considered the community engagement activities within this plan. To support equity-centered alignment and a comprehensive strategic approach, this plan outlines a core set of secondary activities for bureaus and offices to conduct for all four primary activities with a community engagement focus.

Infrastructure (Data), Objective Two, Primary Activity Two (4.2.2): Bureaus and offices collaborate with community members from priority populations most impacted by racial inequities to support data contextualization, qualitative data gathering, and narrative reframing to advance racial equity.

Public Service, Objective One, Primary Activity One (5.1.1): Bureaus and offices collaborate with community members or groups representing priority populations most impacted by racial and health inequities in policy writing and review processes and commit to acting on their inputs. (Examples: Policy Advisory Group, Tribal Consultation, and Community Listening Sessions).

Public Service, Objective One, Primary Activity Two (5.1.2): Bureaus and offices collaborate with community members from priority populations most impacted by racial inequities in health (and organizations they trust) in program design, planning, and quality improvement efforts and commit to taking action on their input.

Public Service, Objective Two, Primary Activity Two (5.2.2): Bureaus and offices collaborate with community members from

	<p>priority populations most impacted by racial and health inequities in RFR process for the allocation of funding to address those racial and health inequities. When community members are engaged, bureaus and offices commit to acting on their input.</p>
	<ul style="list-style-type: none"> • Bureaus and offices assess the current community engagement activities within their bureau or office and establish a baseline of where, when, and how community members are engaged across each of these four areas of activity (Years One & Two): <ol style="list-style-type: none"> 1. Engage community members from priority populations most impacted by racial inequities in health to support data contextualization, qualitative data gathering/analyzing, and narrative reframing to advance racial equity. 2. Engage community members from priority populations most impacted by racial inequities in health in policy writing, policy review, and policy impact assessment processes. 3. Engage community members from priority populations most impacted by racial inequities in health in program design, planning, implementation, and quality improvement efforts. 4. Engage community members from priority populations most impacted by racial and health inequities in RFR processes for the allocation of funding to address those racial and health inequities. <p>Resources:</p> <ul style="list-style-type: none"> ➤ Bureaus and offices use the continuum of community engagement found in the DPH Community Engagement Standards¹⁴ to evaluate where on the continuum their community engagement efforts have been taking place with all four areas outlined above.

¹⁴ “Community Engagement Standards for Community Health Planning Guideline,” Massachusetts Department of Public Health, January 2017. Link: [mass.gov/doc/community-engagement-guidelines-for-community-health-planning-pdf/download](https://www.mass.gov/doc/community-engagement-guidelines-for-community-health-planning-pdf/download)

		<ul style="list-style-type: none"> ➤ Bureaus and offices use the Office of Health Equity environmental scan as a starting point for this effort, in that it asks the questions: 1. How do bureaus/offices plan for and initiate community outreach and community engagement work? 2. What populations do bureaus/offices serve and engage in the community? 3. Opportunities for improving community engagement efforts. 4. Recommendations for improving community engagement efforts. ➤ Bureaus and offices use the racial equity assessment tool to acknowledge and address power dynamics and inequities, alongside the trauma-informed and healing-centered assessment questions to assess strengths and gaps in ensuring a trauma-informed approach. ➤ Bureaus and offices increase quality and quantity of collaboration across bureaus, in order to de-silo efforts and create interventions that more holistically meet the needs of priority populations.
		<ul style="list-style-type: none"> • Bureaus and offices define what community members mean within their realm of work and identify within those community members an approach to engaging those most likely to be impacted by racial inequities. (For example, the Bureau of Health Professions Licensure might identify community members as aspiring licensed health care professionals and current licensed health care professionals who self-identify as Black, Indigenous, Hispanic/Latino, and/or Asian/Pacific Islander, whereas the Bureau of Substance Addiction Services might identify community members as people living with active substance use disorder or in recovery from substance use disorder who self-identify as Black, Indigenous, Hispanic/Latino, and/or Asian/Pacific Islander.) (Years One & Two)

		<p>Resources:</p> <ul style="list-style-type: none"> ➤ Bureaus and offices reference “defining the community” section within in the DPH Community Engagement Standards¹⁵ to evaluate where on the continuum their community engagement efforts have been taking place with all four areas of activity listed above.
		<ul style="list-style-type: none"> • Bureaus and offices identify specific communities and community members from priority populations most likely to be impacted by racial inequities to collaborate with in each of the four areas of activity listed above. (Year Two) <p>Resources:</p> <ul style="list-style-type: none"> ➤ Bureaus and offices reference the “defining the community” section within in the DPH Community Engagement Standards¹⁶ to evaluate where on the continuum their community engagement efforts have been taking place with all four areas.
		<ul style="list-style-type: none"> • Bureaus and offices create a plan for improvement in engaging community members across the four areas of activity listed above. (Year Two)
		<ul style="list-style-type: none"> • Bureaus and offices set intentional goals with detailed aims and measures related to (Year Two): <ol style="list-style-type: none"> 1. Progressing community relationships along the continuum of community engagement

¹⁵ “Community Engagement Standards for Community Health Planning Guideline,” Massachusetts Department of Public Health, January 2017. Link: mass.gov/doc/community-engagement-guidelines-for-community-health-planning-pdf/download

¹⁶ “Community Engagement Standards for Community Health Planning Guideline,” Massachusetts Department of Public Health, January 2017. Link: mass.gov/doc/community-engagement-guidelines-for-community-health-planning-pdf/download

		<p>2. Increasing the frequency of community engagement across the four areas listed above</p> <p>3. Improving the community engagement experience for participants by ensuring it is meaningful, authentic, culturally and linguistically responsive, and trauma-informed</p> <p>Resources:</p> <ul style="list-style-type: none"> ➤ The established goal for community engagement activities in this plan is to design for activities to be in the “collaborate” stage of the community engagement continuum within the four areas outlined, and bureaus and offices should discern what is possible within their context using racial equity, transparency, and building trust as a guide.
		<ul style="list-style-type: none"> • Bureaus and offices conduct an internal assessment of DPH staff leading and partnering in community engagement efforts across the four areas listed above to confirm that the staff members have demonstrable experience in building trust, being culturally and linguistically responsive, and supporting trauma-informed engagement related to the specific needs of the community being engaged. (Years Two, Three, Four, Five)
		<ul style="list-style-type: none"> • Bureaus and offices establish clear, purposeful roles and requests for community members to engage meaningfully in processes in order to have an impact across the four areas listed above. (Years Two, Three, Four, Five)
		<ul style="list-style-type: none"> • Bureaus and offices engage community members in ways that use a strengths-based, trauma-informed, and healing-centered, culturally and linguistically responsive, facilitative approach to participation and dialogue. (Years Two, Three, Four, Five)
		<ul style="list-style-type: none"> • Bureaus and offices use the CLAS Internal Assessment and related tools to conduct activities with external community collaborators and advisory groups in accessible and equitable ways. (Years Two, Three, Four, Five)

- Bureaus and offices collaborate with DPH executive leadership, the Assistant Commissioner for Health Equity, and the Office of Health Equity to establish and follow a standard of practice or protocol on compensating community members who participate in advisory or engagement efforts across the four areas of activity listed above. (Years Two, Three, Four, Five)

Performance Management System

Monitoring & Evaluating Progress on the Strategic Plan to Advance Racial Equity

The DPH Strategic Plan to Advance Racial Equity is dependent upon successful collaboration and performance management across the Commonwealth of Massachusetts, with the Executive Office of Health and Human Services (our governing entity), and across all our bureaus and offices.

An Implementation & Performance Management Team, led by the Assistant Commissioner of Health Equity and the Deputy Chief Operating Officer in the Commissioner's Office, oversees the implementation, monitoring, and evaluation of the DPH plan. The team is comprised of staff from the bureaus and offices, other members of the senior leadership team, and additional managers based upon the strategic impact areas.

The performance management system (PMS) outlined below serves as the central support for adaptively scaling implementation, monitoring, evaluating, resourcing, and iterating on all the primary and secondary activities outlined in the Strategic Plan to Advance Racial Equity. Through the PMS quarterly and annual reporting, the Commissioner's Office management, bureau directors, office directors, senior leaders, and managers across DPH are able to identify progress, gaps, supports, and opportunities for learning and collaboration in implementing the plan.

The PMS outlined below describes the annual and quarterly activities necessary to successfully implement, monitor, and evaluate the Strategic Plan to Advance Racial Equity. All measures for monitoring and evaluation of the primary and secondary activities are listed alongside the plan activities themselves. Those measures are suggestions. Year one implementation launch finalizes measures in creating a centralized internal change management dashboard and reporting system. Measures are largely process metrics with the intention of being able to track progress and learning as implementation unfolds. It is the intention of the Implementation & Performance Management Team to establish baseline metrics and outcome goals as implementation begins and over the course of the five years outlined for these activities.

The DPH Strategic Plan to Advance Racial Equity as outlined advances structural, systemic, and process-based changes through the objectives and activities listed, and as such the monitoring and evaluation of the plan is primarily focused on process measures combined with qualitative assessment of impact. In addition to the monitoring and evaluation of progress on and impact of the activities outlined in the plan, the [Population Health Information Tool](#) and other internal tools that measure public health impact and outcomes in the Commonwealth can be used by the Implementation & Performance Management Team to begin to assess impact of the structural, systemic, and process-based changes on health equity across the Commonwealth of Massachusetts. Given that the primary aim of the structural, systemic, and process-based changes is to create a long-term, sustainable, and equitable approach to public health, it is important to maintain commitment to the structural, systemic, and process-based changes in order to see the long-term impact on racial equity and health equity in the Commonwealth of Massachusetts.

Performance Management System	
Implementation, Monitoring & Evaluation, Planning Activities (Year One)	
Launch of Year One	<ul style="list-style-type: none"> • The Implementation & Performance Management Team delegates responsibilities for specific activities to all leaders (bureaus and offices) involved in advancing progress for each primary and secondary activities outlined in the Strategic Plan. • The Implementation & Performance Management Team, in collaboration with the Commissioner and Chief Operating Officer, clearly and regularly communicates requests for bureau and office action needed to advance the Strategic Plan. • Collaboratively identify and allocate resources needed for advancing progress on primary and secondary activities outlined in the Strategic Plan. • Finalize measures for monitoring and evaluating primary and secondary activities outlined in the Strategic Plan.

	<ul style="list-style-type: none"> • Establish plan to get baseline measures and work-in-progress reports for primary and secondary activities. • Create work plans, budgets, and projected timelines for primary and secondary activities. • Develop centralized dashboard and reporting structure for all primary and secondary activities outlined in the Strategic Plan. • Administer the Staff Racial Equity Survey to determine baseline information for some of the performance monitoring and evaluation. • Use the MassPerform and MyPath systems to support all managers in listing goals within their performance evaluation criteria connected to the advancement of specific activities outlined in the Strategic Plan.
<p>Close of Year One</p>	<ul style="list-style-type: none"> • Collect and establish all baseline measures across all activities in order to set annual process and outcome goals and continue to monitor and evaluate progress on the Strategic Plan. • Disseminate all baseline measures and year one accomplishments using the centralized reporting dashboard that can be shared with bureaus and offices. • Share the baseline measures and year one accomplishments in an all-staff or town hall style meeting. • Conduct a strengths and gaps analysis on progress toward advancing the objectives and implementing all primary and secondary activities outlined in the Strategic Plan. • Conduct racial equity impact assessment focus groups to understand experiences of changes being implemented through select primary and secondary activities that have been implemented successfully. • Conduct focus groups to understand the experiences in select areas in which primary and secondary activities that have <i>not</i> been implemented. • Create a detailed year two implementation plan collaboratively with key leaders identified through the year one accomplishments, the strengths and gaps analysis, racial equity impact assessment focus groups, and

	<p>focus groups addressing areas without progress.</p> <ul style="list-style-type: none"> • Create measurable targets connected to primary and secondary activities for improvement on the baseline measures collected and established in year one. • Assess reporting process and create systemic improvements where possible for year two.
<p>Performance Management System</p>	
<p>Implementation, Monitoring & Evaluation, Planning Activities (Years Two, Three, Four)</p>	
<p>Years Two, Three, Four</p>	<p>Quarterly monitoring and evaluation includes the following activities:</p> <ul style="list-style-type: none"> • Collect key measures available quarterly. • Maintain centralized dashboard updated with measures as they are reported throughout the year. • Document actions taken that advance objectives and primary activities. • Document actions taken that do not advance objectives and primary activities. • Send quarterly reports to key leaders across bureaus and offices with progress and performance updates. • Encourage ongoing support for implementation on all primary and secondary activities outlined in the Strategic Plan.
	<p>End-of-year monitoring, evaluation, and planning includes the following activities:</p> <ul style="list-style-type: none"> • Collect all measures to monitor and evaluate progress on the Strategic Plan. • Disseminate results using the centralized reporting dashboard to bureaus and offices. • Share the results from the centralized reporting dashboard in an all-staff or town hall style meeting.

- Conduct a strengths and gaps analysis on progress advancing the objectives and implementing all primary and secondary activities outlined in the Strategic Plan.
- As needed to support assessment of impact and ongoing implementation:
 - Conduct racial equity impact assessment focus groups to understand experiences of changes being implemented through select primary and secondary activities that have been implemented successfully.
 - Conduct focus groups to understand the experiences in select areas in which primary and secondary activities that have *not* been implemented.
- Identify key programs, units, and policies that have had success in using the structural, systemic, and process-based changes to achieve greater racial equity internally and to achieve racial equity outcomes in their service, policy, or regulatory area. Create mini case studies to show the links between the activities and outcomes.
- Track public health outcomes data using relevant internal tools (including but not limited to the Population Health Information Tool) to notice any changes in racial and health inequities across the Commonwealth of Massachusetts. Follow up with relevant bureaus and offices to document additional context, information, and details related to the changes and surveillance systems currently used for additional visualization and tracking changes in racial inequities.
- Create a detailed implementation plan for the upcoming year in collaboration with key leaders involved in implementing the Strategic Plan.
- Create measurable targets for upcoming year connected to primary and secondary activities for improvement on the measures collected in prior year.
- Assess reporting process and create systemic improvements for following year.

Performance Management System	
Implementation, Monitoring & Evaluation, Planning Activities (Year Five)	
Year Five	<p>Quarterly monitoring & evaluation includes the following activities:</p> <ul style="list-style-type: none"> • Collect key measures available quarterly. • Maintain centralized dashboard updated with measures as they are reported throughout the year. • Share and discuss quarterly reports with key leaders across bureaus and offices with progress, challenges, and performance updates. • Encourage ongoing support for implementation on all primary and secondary activities outlined in the Strategic Plan. • Begin brainstorming and planning for new strategic objectives and activities to build upon progress within the Strategic Plan and to inform the creation of a new Strategic Plan. <hr/> <p>End-of-year monitoring and evaluation includes the following activities:</p> <ul style="list-style-type: none"> • Collect all measures to monitor and evaluate progress on the Strategic Plan. • Conduct an overall analysis on progress advancing the objectives and implementing all primary and secondary activities outlined in the Strategic Plan. <ul style="list-style-type: none"> ○ Conduct a comprehensive racial equity impact assessment to understand the impact of action (and/or inaction) on the priorities, objectives, and all primary and secondary activities outlined in the Strategic Plan. ○ Conduct focus groups with those most impacted by racial inequities internally and externally to assess

	<p>racial equity impact of change efforts advanced in the Strategic Plan.</p> <ul style="list-style-type: none"> ○ Conduct focus groups with all key leaders involved in advancing the objectives and implementing primary and secondary activities outlined in the plan to assess overall impact of change efforts advanced in the strategic plan. ○ Identify key programs, units, and policies that have had success in using the structural, systemic, and process-based changes to achieve greater racial equity internally and to achieve racial equity outcomes in their service, policy, or regulatory area. Create mini case studies to showcase the links between the activities and outcomes. ○ Collaborate with Office of Population Health to track public health outcome data using relevant internal tools (including but not limited to the Population Health Information Tool) to assess any changes in racial and health inequities across the Commonwealth of Massachusetts. <ul style="list-style-type: none"> ● Create a final report of progress and challenges in acting on the Strategic Plan. ● Disseminate the report to bureaus and offices. ● Share the report in an all-staff or town hall style meeting. ● Use the assessment and report to inform the development of an updated five-year strategic plan.
--	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Considerations for Strategic Implementation

Operationalizing Institutional Change & Collaboration

As part of the strategic advancement of racial equity across all priority areas in a comprehensive way across DPH, all staff at all levels are invited to apply the DPH Health Equity Framework within their specific role and function. While specific objectives and activities intended to advance each of these stages are outlined in the details of this plan, all management and staff at DPH can use the DPH

Health Equity Framework to embrace a shared language, purpose, and set of principles for identifying racial inequities and advancing racial equity within their team, unit, project, or task. Distributing tools and resources to support is an important part of the implementation process.

DPH recognizes that public health is influenced by numerous social, economic, and environmental factors. As such, DPH commits to improving the infrastructure that enables collaboration across bureaus and offices, with local public health, and with other partners able to reduce inequities and support the health and well-being of residents. DPH focuses on the importance of partnering with other government agencies (transportation, education, housing, law enforcement, environmental management, recreation, and many others) to improve the impact their systems have on the health and well-being of the residents of the Commonwealth. Sharing DPH's approach to racial-equity-centered health equity across agencies via Advancing Health Equity in MA (AHM, formerly the Interagency Health Equity Team) and seeking active commitment, collaboration, and engagement in DPH's efforts to dismantle racial inequities is critical for success in improving health and well-being for all residents. Advocating for other public agencies to include an intersectional racial equity approach to health in all policies strengthens DPH's ability to advance equity in public health across the Commonwealth.

Annual Reviews

Adaptive implementation strategies must be considered when turning the DPH Strategic Plan to Advance Racial Equity into real-time action. To successfully move toward the desired outcomes outlined above, annual implementation planning, monitoring, and evaluation takes place using a collaborative agency-wide approach. Additional information, learning, and context is used throughout implementation to focus or redirect priorities and efforts in alignment with the overall principles and purpose of advancing racial equity. The following key areas are assessed annually as indicated to support progress, learning, and advancement on the priorities outlined in this plan:

- **Monitoring and Evaluation:** Monitoring progress toward all the strategic plan objectives is necessary to enable accountability toward the desired outcomes and happens using the PMS outlined above. Measures necessitate mechanisms for tracking

and disseminating the data, and reviews must be completed annually to understand progress and effectiveness, and adjust the strategy as needed. To monitor and evaluate the plan over the five-year period, all distributed efforts are reported centrally to the Deputy Assistant Commissioner of Health Equity in the DPH Commissioner's Office into a strategic plan dashboard. The Deputy Assistant Commissioner of Health Equity commits to leading comprehensive annual reviews in accordance with the PMS outlined above.

- **Resources:** Both human resources and financial resources are necessary to implement systems-level and infrastructure changes. Resources are assessed and allocated specifically for advancing these changes in year one, and subsequently assessed and calibrated annually based upon progress in implementation. Assessment and allocation of resources to advance the strategic areas outlined is the shared responsibility of all centralized and decentralized senior leaders involved in the implementation of the plan. Wherever possible, transforming the scope of how existing resources are being used to include the strategic priorities outlined is encouraged.
- **Leadership Roles and Responsibilities:** Implementing the DPH Strategic Plan to Advance Racial Equity necessitates leadership at various levels throughout DPH. The Assistant Commissioner of Health Equity, a newly developed position as an executive leader, was added to the DPH executive team make a profound impact and create a future where every individual enjoys equal access to health and well-being. Reporting directly to the DPH Commissioner, the Assistant Commissioner of Health Equity works toward the goal of improving health and racial equity to eliminate inequities across racial, ethnic, and socioeconomic groups, while cultivating relationships and establishing collaborative partnerships with leaders across the Department, Executive Office of Health and Human Services, sister agencies, local government, and a broad range of diverse community partners and other interested parties across the state. A Deputy Assistant Commissioner of Health Equity was also hired to serve as senior leader advancing Department-wide health equity and contribute to strategic planning, goal setting and implementation, as well as policy development and implementation. The Assistant Commissioner and Deputy Assistant Commissioner of Health Equity will be leading the Office of the Assistant Commissioner of Health Equity, which encompasses the Office of Health Equity, the Office of Problem Gambling Services, and supervision of Advancing Health Equity in MA, formerly known as the Interagency Health Equity Team.

The Assistant Commissioner and Deputy Assistant Commissioner of Health Equity and the Deputy Chief Operating Officer in the Commissioner's Office hold the responsibility for supporting the Implementation & Performance Management Team in tracking implementation of the Strategic Plan. The Assistant Commissioner and Deputy Assistant Commissioner of Health Equity and the Deputy Chief Operating Officer collaborate with other Commissioner's Office leadership and with the directors of each bureau and office to advance the objectives and activities outline using a systematic approach to integrating changes into existing workflows and implementing change at a rate that is sustainable and long-lasting. All objectives outlined are high-level goals for each of the bureaus and offices within their sphere of work. The changes outlined require planning, action, evaluation, and accountability throughout DPH. In some cases, it is necessary for specific offices to take on leadership roles for specific activities within the Strategic Plan, and those roles are detailed in the activities themselves. The Assistant Commissioner and Deputy Assistant Commissioner for Health Equity and the Deputy Chief Operating Officer, in partnership with bureaus and offices, conduct a thorough scoping of work and ongoing annual review for each activity area to support clarity of roles and responsibilities across DPH bureaus and offices.

- **Communications, Engagement, and Accountability:** Communications with DPH's governing entity and with staff at all levels is a crucial component to implementation of the plan. Easily displayed materials that prioritize the plan within DPH organizational culture and operations enable engagement of all DPH staff in the strategic objectives and activities. Visual infographics, easy-to-digest summaries, and other communications mechanisms support engagement and implementation on the plan. In addition, annual updates on measures, successes, failures, learning, impact, and milestones guide communication and coordination with all staff in order to support both engagement and accountability.

Links to Other Strategic Efforts

The DPH Strategic Plan to Advance Racial Equity is connected to and dependent upon successful strategic assessment, alignment, performance management, and collaboration with strategic efforts across the Commonwealth of Massachusetts, with the Executive Office of Health and Human Services (EOHHS), and across all of our bureaus and offices. This plan embraces the Healey-Driscoll

Administration's elevation of racial justice and equity as a guiding principle for public service, supports 2023 EOHHS strategic planning process, and advances the work of Advancing Health Equity in MA (AHM, formerly the Interagency Health Equity Team).

The DPH Strategic Plan to Advance Racial Equity outlined here sets priorities for DPH as a whole. These objectives support the successful implementation of our mission, vision, and values, EOHHS strategic priorities, grant-funded objectives that require statewide partnerships, needs identified in the State Health Assessment (SHA) and the State Health Improvement Plan (SHIP), Workforce Development Plan (WDP), Quality Improvement (QI) Plan, and Emergency Operations Plan (EOP). The monitoring of the performance of these collective strategies takes place at dozens of advisory groups, advisory boards, senior leadership team meetings, statewide community partnerships, grant reports, and meetings with other partners. The process used by DPH senior leaders to monitor the progress of the DPH Strategic Plan to Advance Racial Equity specifically is called the performance management system (PMS), the details of which are outlined above.

Within the strategic planning process itself, efforts have been taken through the strategic document analysis, key interviews, and advisory group prioritization process to link the strategic impact areas, objectives, and activities to other strategic efforts within bureaus and offices. There are activities designed to support alignment of strategies and activities happening within bureaus and offices to center racial equity in program, policy, and regulatory operations; to advance a trauma-informed understanding of racial equity and community engagement; and to build capacity of staff with training, leadership development, and well-being supports.

Of particular note, the DPH Strategic Plan to Advance Racial Equity amplifies the strategic work of bureaus that have led strategic racial equity efforts at DPH over the last 10 years, namely the Bureau of Community Health and Prevention (BCHAP), the Bureau of Family Health and Nutrition (BFHN), and the Bureau of Substance Abuse Services (BSAS). The plan also aligns specifically to the Office of Population Health's (OPH's) efforts to advance racial equity through equity-centered advancements in data technology and data modernization and to advance racial equity through the newly established Community Engagement Unit. The Community Engagement Unit (CEU) is a direct result of the racial equity innovations and impact of the COVID-19 Vaccine Equity Initiative. The DPH Strategic Plan to Advance Racial Equity also has been designed in alignment to diversity, equity, inclusion, and accessibility initiatives and Workforce Development strategies in hopes that all of the inputs gathered and assessed through Strategic Planning

Collaborator Meetings are shared with the Workforce Development Plan team and that the Equity-Centered Workforce Development Impact Area outlined in the Strategic Plan support the scaling and ongoing quality improvement of efforts to center racial equity in all Human Resources and Workforce Development efforts across DPH. Importantly, the Plan to Advance Racial Equity as outlined builds upon a long history of seeking to strengthen and improve public health across surveillance, laboratory, clinical, regulatory, licensing, assurance, and direct service functions to benefit the residents of the Commonwealth.

The DPH Strategic Plan to Advance Racial Equity is submitted to the Public Health Accreditation Board (PHAB) along with the State Health Assessment (SHA), State Health Improvement Plan (SHIP), Workforce Development Plan, Emergency Operations Plan, and Performance Management & Quality Improvement Plan.

Acknowledgements

The strategic planning process was a collaborative process involving health equity and racial equity experts across DPH and partners serving priority populations across the Commonwealth. We would like to acknowledge and thank the following contributors:

Co-Facilitators: Yves Singletary, Former Senior Advisor to the Commissioner & Antonia Blinn, Deputy Chief Operating Officer

Support to the Co-Facilitators: Sujata Ghosh, Director, Office of Health Equity; Holly Hackman, Epidemiologist, Office of Performance Management and Quality Improvement; Paul Oppedisano, Accreditation Coordinator and QI Specialist, Office of Performance Management and Quality Improvement; Autum Carter, Academic Health Department and Quality Improvement Coordinator, Office of Performance Management and Quality Improvement; Sandra Semedo, Manager of Diversity, Equity, Inclusion, EHS; Megan Carney and Sanjana Srinivasan (Harvard T.H. Chan School of Public Health); William Newton (Kent State University); Elizabeth Pinto (Walden University)

Rootwise Leadership (Consultants): Eliza Ramos, Perry Dougherty, Jacqueline Kennedy, and Griffin Jones

Strategic Plan Advisory Group: Arnaldo Machado, Commissioner's Office; Beth Buxton, Bureau of Family Health and Nutrition; Charles Smith, Bureau of Community Health and Prevention; Doris Cullen, Bureau of Community Health and Prevention; Elizabeth Bostic, Bureau of Family Health and Nutrition; Humberto Reynoso-Vallejo, Office of Population Health; Lissette Gil-Sanchez, Bureau of Community Health and Prevention; Marjorie Te, Bureau of Infectious Disease and Laboratory Sciences; Nassira Nicola, Office of Health Equity; Oanh Bui, Office of Health Equity; Phyllis Williams-Thompson, Office of Local and Regional Health

DPH Collaborators: Eighty-eight staff from across DPH contributed expertise to the strategic planning process by collaborating in the racial-equity-centered strengths, opportunities, aspirations, results, and threats meetings and 16 contributed by electronic form. Thirty-eight collaborators provided permission to include them in our acknowledgments. We are grateful for the contributions of the 88 collaborators, including but not limited to:

Cassandra Andersen, Office of Local & Regional Health; Jessica Atkinson, Office of Communications; Brenda Simpkins, Bureau of Substance Addiction Services; Tom Brigham, Office of Health Equity; Oanh Bui, Office of Health Equity; Autum Carter, Office of Performance Management & Quality Improvement; Jill Clark, Bureau of Community Health and Prevention; Cheryl Cromwell, Office of Health Equity; Doris Cullen, Bureau of Community Health and Prevention; Máireád Day Lopes, Bureau of Community Health and Prevention; Yashika Dewani, Bureau of Environmental Health; Hafsatou Diop, Bureau of Family Health and Nutrition; Kavita Gadani, Bureau of Infectious Disease and Laboratory Sciences; Sujata Ghosh, Director, Office of Health Equity; Jae Hartwin, Commissioner's Office; Roxanne Hoke-Chandler, Bureau of Family Health and Nutrition; Malena Hood, Office of Population Health; Simona Lang, Bureau of Infectious Disease and Laboratory Sciences; Antonella Lisanti-Park, Office of Local & Regional Health; Samuel Louis, Office of Health Equity; Arnaldo Machado, Commissioner's Office; Beth Buxton, Bureau of Family Health & Nutrition; Susan Manning, Bureau of Family Health and Nutrition; Lisa McCarthy-Licorish, Office of Local & Regional Health; Nora McElroy, Bureau of Health Care Safety and Quality; Keyshla Melendez-Rosado, Bureau of Infectious Disease and Laboratory Sciences; Nassira Nicola, Office of Health Equity; Jen Parks, Bureau of Substance Addiction Services; Bharathi Patimalla-Dipali, Bureau of Environmental Health; Ann Peralta, Bureau of Family Health and Nutrition; Tyshaun Perryman, Bureau of Substance Addiction Services; Humberto Reynoso-Vallejo, Office of Population Health; Brigido Ramirez Espinosa, Office of Population Health; Shazie Senen, Bureau of Community Health and Prevention; Charles Smith, Bureau of Community Health and Prevention; Ebtehal Soliman, Bureau of Infectious Disease and Laboratory Sciences; Marjorie Te, Bureau of Infectious Disease & Laboratory Sciences; Danielle Valerio, Bureau of Health Professions Licensure; Phyllis Williams-Thompson, Office of Local & Regional Health; Samuel Wong, Office of Local and Regional Health.

External Collaborators: Six external partners shared expertise and submitted input into the strategic plan via an electronic feedback form. One external partner provided permission to include them in our acknowledgments. We are grateful for each of the six external collaborator's contributions. While this form of engagement created limited access to contribute, there are many opportunities to engage community members thoughtfully and authentically during future phases of the strategic plan implementation, monitoring, and evaluation.

Chien-Chi Huang, Asian Women for Health; Asian American Mental Health Forum, Asian Engagement & Recruitment Core, and BIWOC Gathering

Additional Acknowledgements: DPH extends gratitude to the Strategic Planning Thought Partners group for their vision that launch the strategic planning process and to all DPH senior leadership for their support of the vision and detailed feedback on the plan.