**Appendix: Racial Equity Program Data Readiness Assessment**

**This appendix is part of the Racial Equity Data Road Map.**

# Benchmark 1 – Data capacity

| **Phase** | **Pre-foundational** | **Foundational** | **Aspirational** |
| --- | --- | --- | --- |
| **Definition** | Program does not have capacity or support to analyze data. | Program has access to staff who can analyze racial equity data. | Program has dedicated staff that can analyze data to be used in program monitoring and decision making while centering racial equity. |
| **Transition Strategy** | Characteristics of Transition Strategies, by Phase |
| **Ensure data access & use** | Program does not have access or use data to inform program processes and decision-making. | Program uses data to inform program processes and decision-making. | Program uses data to ensure that strategies and policies it implements or supports are created while centering racial equity. |
| **Analyze data for racial equity** | Program routinely analyzes aggregate race and ethnicity data. | Program routinely disaggregates and analyzes data by race and ethnicity. | Contextual language that is explicit about structural racism is routinely included in data dissemination products. |
| **Analytic staff provides support to translate data findings** | Program does not have analytic staff to support data analysis. | Program has analytic staff to analyze and interpret data. | Analytic staff center racial equity all aspects of data analysis, program monitoring, and decision making. |
| **Dedicate time to explore racial inequities using data** | Program does not dedicate time to explore racial inequities using data. | Racial inequities are explored using data but no formal structures, processes, or dedicated time is in place to do so. | Exploring racial inequities using data is included in analytic staff job description; staff receives supervisor support to explore racial inequities using data. |

**Transition resources**

* [**Robert Wood Johnson – A New Way to Talk about Social Determinants of Health**](https://www.rwjf.org/en/library/research/2010/01/a-new-way-to-talk-about-the-social-determinants-of-health.html)
* [**Counting a Diverse Nation: Disaggregating Data on Race and Ethnicity to Advance a Culture of Health**](http://www.policylink.org/resources-tools/counting-a-diverse-nation)
* [**Conducting a Health Equity Data Analysis**](https://www.health.state.mn.us/data/mchs/genstats/heda/index.html)

# Benchmark 2 – Performance measurement

| **Phase** | **Pre-foundational** | **Foundational** | **Aspirational** |
| --- | --- | --- | --- |
| **Definition** | Program does not have performance measures (PMs). | Program has PMs, but they are not timely and are not useful tools to identify areas of improvement. | Program reports on PMs in real time to identify areas of improvement while centering racial equity. |
| **Transition Strategy** | Characteristics of Transition Strategies, by Phase |
| **Align performance measures with program goals** | Program does not have PMs, or program has PMs but they are not informed by program goals. | Program staff understands how to align PMs with program goals; PMs reflect program goals. | PMs are aligned with program goals; PMs identify areas for improvement related to program objectives; PMs explicitly address racial equity. |
| **Ensure performance measures are SMARTIE** | Program does not have PMs. | Program has PMs but they are not SMARTIE (specific, measurable, achievable, realistic, time-bound, inclusive, and equitable). | PMs are easily understood by and communicated to staff and partners; PMs are SMARTIE. |
| **Set appropriate objectives for performance measures** | Program does not have objectives for PMs, or objectives are inappropriate or misaligned with PMs and program goals. | Program staff understands how to set appropriate objectives for PMs; objectives are aligned with PMs and program goals. | Objectives are appropriate, aligned with corresponding racial equity PMs and program goals; staff know how to interpret objectives to inform improvement efforts. |
| **Report on data in a timely manner and more than annually** | Program does not have the capacity to report on data in a timely manner; program has no formal structures or processes to allow for timely data reporting. | A formal structure and process for data reporting is established; data are only reported on annually; program has limited capacity for data reporting. | Program has capacity to collect and report racial equity PM data; PMs are within scope of data accessible to program; program reports on data more than annually. |

**Transition resources**

* Examples of DPH Programmatic Strategic Plans: [**Strategic Plan for Asthma in Massachusetts 2022-2026**](https://massclearinghouse.ehs.state.ma.us/PROG-ASTH/AS931.html); MA Bureau of Family Health and Nutrition Racial Equity and Family Engagement Strategic Plan
* [**SMARTIE Goals Worksheet**](http://www.managementcenter.org/resources/smartie-goals-worksheet/)

# Benchmark 3 – Program collects high quality data to inform racial equity work

| **Phase** | **Pre-foundational** | **Foundational** | **Aspirational** |
| --- | --- | --- | --- |
| **Definition** | Program does not collect individual level data to inform racial equity work. | Program has some individual level data to inform racial equity work that is not currently aligned with DPH standards. | Program collects and reports individual level data to inform racial equity work according to DPH standards. |
| **Transition Strategy** | Characteristics of Transition Strategies, by Phase |
| **Train staff in how to collect high quality data in a sensitive way** | Staff have not been trained in how and the importance of collecting data to inform racial equity work. | Some staff have been trained in how and the importance of collecting data to inform racial equity work. | Regular trainings and coaching are in place for all staff on how and the importance of collecting data to inform racial equity work. |
| **Track missing data** | Program does not regularly assess missing data. | Program has implemented focused strategies to reduce missing data. | Program has CQI process in place to reduce the amount of missing data. |

**Transition resources**

* [**Institute for Healthcare Improvement (IHI) Psychology of Change Framework**](http://www.ihi.org/resources/Pages/IHIWhitePapers/IHI-Psychology-of-Change-Framework.aspx)
* [**Understanding and Managing Organizational Change: Implications for Public Health Management**](https://journals.lww.com/jphmp/Fulltext/2010/03000/Understanding_and_Managing_Organizational_Change_.15.aspx) (article)
* Alliance for Innovation on Maternal Health (AIM): [**Reduction of Peripartum Racial/Ethnic Disparities Bundle**](https://saferbirth.org/psbs/archive-reduction-peripartum-disparities/)
* Institute for Healthcare Improvement[**Run Chart Tool**](http://www.ihi.org/resources/Pages/Tools/RunChart.aspx) (online resources)

# Benchmark 4 – Program contextualizes data to inform racial equity work

| **Phase** | **Pre-foundational** | **Foundational** | **Aspirational** |
| --- | --- | --- | --- |
| **Definition** | Program is not aware of what contextual data they need or where and how to access contextual data. | Program is aware of where and how to access contextual data, but has not used them to understand and address racial equity in their work. | Program contextualizes data using an upstream, structural framework to understand and improve outcomes in their program. |
| **Transition Strategy** | Characteristics of Transition Strategies, by Phase |
| **Train staff** | Program staff have attended racial equity training. | Program staff have not received additional training to contextualize data using an upstream, structural framework to understand and improve program outcomes. | Program staff receive ongoing training to continue contextualizing data using an upstream, structural framework to understand and improve program outcomes. |
| **Define the context** | Program is not aware of what contextual data are helpful to understand and address racial equity in their work. | Program is aware of what contextual data are helpful to understand and address racial equity in their work, but has not contextualized their data. | Program continuously assesses contextualizing data to understand and address racial equity in their work. |
| **Identify quantitative and qualitative data sources** | Program is not aware of quantitative or qualitative data sources available. | Program is aware of quantitative or qualitative data sources available. | Program uses quantitative and qualitative data sources to understand and address racial equity in their work. |
| **Engage community partners** | Program does not engage community partners. | Program collaborates with  community partners in some aspects of program implementation or monitoring (e.g. advisory boards, needs assessments) | Program collaborates with community partners to understand and address racial equity in their work. |

**Transition resources**

* [**Racial Equity Institute**](https://racialequityinstitute.org/) trainings
* [**Community Health Needs Assessment**](https://www.publichealthwm.org/what-we-do/research-evaluation/reports/community-health-needs-assessments)
* [**Creating Healing Organizations**](https://www.sfdph.org/dph/hc/HCAgen/HCAgen2016/April%2019/traumapresentation.pdf)
* [**Strengthening Partnerships: A Framework for Prenatal through Young Adulthood Family Engagement in Massachusetts**](https://www.doe.mass.edu/sfs/family-engagement-framework.pdf)
* [**Voices for Racial Justice Authentic Community Engagement: A Key to Racial Equity**](https://static1.squarespace.com/static/63dacd84fb1475405e0eeaa1/t/63ef9f2d80a31b0b2c29e20a/1676648237849/VRJ-Principles-for-Authentic-Community-Engagement.pdf)

# Benchmark 5 – Program implements a continuous quality improvement (CQI) process

| **Phase** | **Pre-foundational** | **Foundational** | **Aspirational** |
| --- | --- | --- | --- |
| **Definition** | Program has no continuous quality improvement (CQI) process. | Program has informal or ad hoc CQI process. | CQI is thoroughly integrated in the program and a CQI team effectively uses improvement methods to address identified challenges. |
| **Transition Strategy** | Characteristics of Transition Strategies, by Phase |
| **Train staff** | Staff has not received formal training in CQI. | Staff is trained to identify and implement CQI activities. | Program implements train-the-trainer and/or staff pursues ongoing training, professional development, and cultural changes for CQI practices. |
| **Implement a CQI structure and****process** | Program does not have a CQI process or structure; program does not have the capacity or identified resources and knowledge to do so. | Program has a documented CQI process. | Program has an established CQI structure and formal CQI process that aligns with the program’s key strategic goals. |

**Transition resources**

* [**Population Health Improvement Partners trainings and tools**](https://improvepartners.org/toolbox/toolbox-details/qi-videos-tools/)
* [**Institute for Healthcare Improvement**](https://www.ihi.org/resources/white-papers/ihi-psychology-change-framework)