



A Strategic Plan to Advance Diversity, Equity, and Inclusion (DEI) at the Maine Department of Health and Human Services (DHHS)

2021-2023

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Foreword

In 2019, the Maine Department of Health and Human Services' leadership and employees reviewed our goals and renewed our commitment to advancing the health, safety, resilience, and opportunity of Maine residents. That commitment is to each individual in Maine, as well as the communities to which individuals belong. Fulfilling that commitment starts with questions rather than answers, such as: Why is someone hungry? What is the barrier between a person and a service? How can a behavior that harms physical or mental health be altered? It is easier to assume what the problem is based on how people look, where they come from, their race, their religion, their name, their accent, or their dress. It is also easier to assume that the reason people don't use or benefit from our services is "their fault" rather than examining our procedures, systems, or the "way we have always done it" at DHHS.

But our goals – like most meaningful ones – are not achieved by taking the easy path. Our success requires tackling our prejudices, including but not limited to racism. It involves removing explicit and implicit biases from our programs and systems. It demands respect and empathy as a means of doing business.

This commitment to diversity, equity, and inclusion (DEI) is not just "work". Doing so enhances our own work experience. Having a workplace that welcomes people from different communities enriches us all. Witnessing the opportunities and accomplishments that result from equitable service provision is a source of joy. And tailoring our work and workplace to diverse populations allows us to learn from each other and grow.

This is why we set out to develop the DEI strategy. It is the spirit with which the team of employees across the Department drafted it. Its implementation will enhance the quality of our residents' health and wellbeing as well as the quality of our work environment. Thank you to those who put this strategy together and thanks to the rest of you for putting it into practice.

Jeanne M. Lambrew, Ph.D.
Commissioner

Glossary of Terms

Applicant Flow Data Analysis – a tool to evaluate the fairness and inclusiveness of recruitment efforts and hiring processes and identify barriers to equal employment through the examination of differences in selection rates among different groups in hiring and promotion.¹

Cultural Empathy – having an appreciation and consideration of the differences and similarities of another culture than one’s own.

Cultural Respect – understanding the values and beliefs of a population in order to respond to and meet the needs of diverse communities.²

Department – the Maine Department of Health and Human Services

Diversity – a representation of the fact that people have individual, unique characteristics, and the practice of including or involving people from a range of these unique characteristics. These characteristics include protected classes such as race, color, ancestry, national origin, sex, sexual orientation, gender identity and expression, physical or mental disability, religion, age, marital status, and other categories in certain contexts. Characteristics also may include life experiences, ethnicity, cognitive approaches, language and communication style, tribe, caste, and socio-economic status.

Employee Resource Groups – employee resource groups are groups of employees who join together in their workplace based on shared characteristics or life experiences. Employee resource groups are generally based on providing support, enhancing career development, and contributing to personal development in the work environment.³

Equity – when barriers are identified and removed to ensure fair treatment, equality of opportunity, and fairness in access to information and resources for all.

Health Disparities – differences in health outcomes and their causes among groups of people.⁴

Health Equity – when everyone has equal access to health services and the opportunity to be as healthy as possible.⁵

¹ <https://www.eeoc.gov/federal-sector/applicant-flow-data>

² <https://www.nih.gov/institutes-nih/nih-office-director/office-communications-public-liaison/clear-communication/cultural-respect>

³ https://en.wikipedia.org/wiki/Employee_resource_group

⁴ <https://www.cdc.gov/healthequity/features/reach-health-equity/index.html>

⁵ <https://www.cdc.gov/healthequity/features/reach-health-equity/index.html>

Implicit Bias – concept based on an emerging body of cognitive and neural research that refers to the attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner.⁶

Inclusion – the act or practice of creating a collaborative, supportive, and respectful work environment that allows employees to participate and contribute by removing barriers, discrimination, and intolerance.

Intercultural communication – the study and practice of communication across cultural contexts.⁷

LGBTQ+ – pertaining collectively to people who identify as lesbian, gay, bisexual, or transgender, queer and to people with gender expressions outside traditional norms, including nonbinary, and intersex, as well as those questioning their gender identity or sexual orientation) along with their allies.⁸

National Standards for Culturally and Linguistically Appropriate Services (CLAS) – a set of 15 action steps intended to advance health equity, improve quality, and help eliminate health care disparities by providing a blueprint for individuals and health care organizations to implement culturally and linguistically appropriate services.⁹

Office – refers to individual offices within the Maine Department of Health and Human Services, which include the Maine Center for Disease Control and Prevention, Office for Family Independence, Office of Behavioral Health, Office of Child and Family Services, Office of Aging and Disability Services, Office of MaineCare Services, Office of the Health Insurance Marketplace, Division of Licensing and Certification, Riverview and Dorothea Dix Psychiatric Centers, and the Commissioner’s Office.

Public Health – promotion and protection of the health of people and the communities where they live, learn, work, and play. All of the Department’s programs and services – medical care, disease surveillance and prevention, food supports, income supports, childcare, etc. – aim to support public health and are therefore integral to achieving health equity.

Social Determinants of Health – conditions in the places where people live, learn, work, and play that affect a wide range of health and quality-of-life risks and outcomes.¹⁰

Structural Racism – the interplay of policies, practices, and programs of differing institutions, which leads to adverse outcomes and conditions for communities of color compared to white communities that occurs within the context of racialized historical and cultural conditions.¹¹

⁶ <http://kirwaninstitute.osu.edu/research/understanding-implicit-bias/>

⁷ <https://www.idrinstitute.org/resources/intercultural-communication/>

⁸ <https://www.dictionary.com/browse/lgbt+>

⁹ <https://thinkculturalhealth.hhs.gov/clas>

¹⁰ <https://www.cdc.gov/socialdeterminants/index.htm>

¹¹ <https://www.seattle.gov/Documents/Departments/RSJI/Defining-racism.pdf>

Supplier Diversity – a proactive business program that encourages the use of minority-owned, women-owned, veteran-owned, LGBTQ+-owned businesses, historically underutilized business, and Small Business Administration-defined small business concerns as suppliers. ¹²

¹² https://en.wikipedia.org/wiki/Supplier_diversity

Introduction: Diversity, Equity, and Inclusion (DEI) at the Department of Health and Human Services (DHHS)

The Maine Department of Health and Human Services employs over three thousand employees, working in 16 offices across our state, to offer services to 1/3 of Maine's population. While [our workforce](#) mirrors Maine's racial and ethnic demographics, it does not reflect the communities we serve. Social determinants of health – the conditions in which we are born, grow, age, live, and work – affect health outcomes. All those factors have been shaped by generations of systemic inequity and discrimination, resulting in health disparities for some communities, especially for people that identify as Black, Indigenous and People of Color, immigrants, refugees and asylee seekers, LGBTQ+, rural and low income, veterans, and/or persons with disabilities. The disproportionate impact of these social determinants of health means that some communities are overrepresented in our service population.

The Department recognizes that to comprehensively address health equity the staff that develops, designs, and administers services must both reflect a diversity of lived experiences and prioritize professional development that further develops knowledge and skills to provide culturally and linguistically appropriate services. To that end, Department leadership has taken several steps such as hiring a Manager of Diversity, Equity and Inclusion (DEI) in December of 2019, creating the Workforce Committee for DEI, and supporting the creation of CORE (Culture or Respect and Empathy). CORE is an introductory training for all staff that introduces concepts necessary for the equitable administration of services and the development of an inclusive culture. The Department has also reestablished the Office of Population Health Equity to guide work at the Maine Center for Disease Control and Prevention (CDC) and further integrate equity into the work of disease surveillance and prevention.

In parallel to developing its internal capacity to incorporate DEI in all our services, the Department is externally engaging with the people we serve and community leaders and organizations who serve them. In July of 2020, the Department issued a Request for Information and held a related listening session regarding processes related to organization, engagement, and formal partnerships (e.g., through grants, contracts, other arrangements) to improve equitable outcomes from its health and human services programs. In addition, the Department received recommendations from a stakeholder group convened under LD 1777, which focused on the equitable administration of several anti-poverty programs. Moreover, COVID-19 has also presented opportunities to contract and communicate directly with a broad set of partners that represent communities for which health disparities are most acute. All of these have greatly informed the recommendations of the DEI Strategic Planning Team. At the program level, several offices have worked to refine or expand stakeholder engagement opportunities, through efforts such as District Coordinating Councils coordinated by District Liaisons at the Maine CDC, the MaineCare Advisory Committee, and the Working Group for the Equitable Distribution and Uptake of the COVID-19 Vaccine. While these efforts have been fruitful, they have also illuminated a need for a more transparent, coordinated, and participatory process of stakeholder engagement.

COVID-19 laid bare many health disparities in Maine, but it also shone a light on the need for more robust, disaggregated population health data to inform policy and systems improvements.

Studies, like the [Social Determinants of Health Report](#) and the [Maine Shared Community Health Needs Assessment \(CHNA\)](#), are critical to our understanding of population health. However, current practices for data collection and analysis vary throughout the Department, making it difficult to develop a clear analysis of the effectiveness of our programs and policies. To improve this, the Department has also hired a Director of Research and Evaluation to work across all Offices to align data practices, improve data integrity and completeness, and coordinate how we share information with the public about the health of Maine communities.

Workforce, community engagement, data analysis, and the equitable distribution of State resources are the focus of this plan. Over the next three years, the Department's DEI work will focus on these systemic challenges to advance the Department's health equity infrastructure and ensure the Department can best partner with health systems and public health leaders statewide to advance health equity. The plan is intended to provide a guide for DEI work at the Department that is intentionally flexible, understanding that we will need to continuously engage staff and members of the community in the execution of all strategies.

PURPOSE

The purpose of this plan is to prioritize equity in all programs, policies, and practices and to foster a culture of health equity predicated upon anti-racism, anti-poverty, community engagement, and collaborative data-driven approaches to the promotion of health and human services.

VISION

We envision a diverse workforce in which every Department employee understands their individual and collective responsibility to actively promote equity and inclusion.

VALUES

We value all forms of diversity, including, but not limited to age, race, gender, ethnicity, religion, sexual orientation, gender identity, gender expression, socio-economic status, ability, and veteran status.

We recognize that social determinants play a driving role in the overall health and wellbeing of Maine communities.

We acknowledge that racism and poverty are public health issues.

We reason that a racial equity analysis is a useful lens by which to also examine barriers to equity beyond race.

We value the voices of Maine people affected by our policies and programs.

We strive to address challenges through collaboration and data-driven solutions.

We lead with empathy and respect.

We appreciate that the work of diversity, equity, and inclusion is ongoing and commit to continued learning and development in this work.

GOALS

- (1) Increase workforce diversity to better reflect the communities we serve.**
- (2) Cultivate a work environment that demonstrates respect and empathy for all employees and clients and leverages the strengths of their diversity.**
- (3) Develop an inclusive infrastructure to advance data-driven health equity programs across all Department services.**
- (4) Provide outstanding public service that is informed by, and responsive to, the needs of the communities we serve.**

Goal 1: A Diverse Workforce

Objective 1A: Implement best practices for hiring a diverse workforce.

2021-2022 Strategies:

- Publicly share baseline metrics for workforce diversity that clearly state the race, ethnicity, gender, and age of employees across the Department.
- Add questions about applicant demographics to all online applications.
- Develop a hiring guide for managers outlining best practices for diversity in hiring that covers the continuum of employment practices, from the creation of a job description and establishing a hiring committee, through the interview and offer process.
- Increase training for staff to promote best practices for hiring a diverse workforce, including education about Equal Employment Opportunity (EEO) and implicit bias in hiring.
- Promote opportunities for employees to participate in hiring committees as leadership and professional development opportunities.

2021-2023 Strategies:

- Establish a process for tracking additional information not currently captured in workforce data, including disability and LGBTQ+ status.
- Implement applicant flow analysis to evaluate efficacy of DEI recruitment efforts and demographics of applicants at various stages of the search.

Objective 1B: Promote diversity through proactive talent recruitment and pipeline development.

2021-2023 Strategies:

- Develop external messaging for hiring at the Department that emphasizes the goal of creating a diverse workforce that is representative of the communities served.
- Add questions about where an applicant learned of a position to all applications.
- Design hiring manager reports to assess outreach and hiring process and recommend qualified candidates to alternative open positions.
- Utilize the Workforce DEI Committee to support staff attending hiring events, and regularly connect with community-based organizations and professional organizations to promote Department searches and increase the diversity of applicant pools.
- Promote shared applicant practices to find placement for talent throughout the Department.
- Develop relationships with relevant professional organizations, schools, and training programs to maintain active lists of potential sources of outreach for recruitment.

2021-2023 Strategies:

- Provide training for supervisors on how to utilize personnel management systems to monitor career paths for their employees and develop professional development plans.
- Promote policies and practices to ensure pipeline development for health professions.
- Create Office-specific plans for the increased use of paid internships to attract diverse talent and improve the internship experience.

Goal 2: Inclusive Work Environment

Objective 2A: Publicly promote DEI efforts as a core aspect of health and human services work.

2021-2022 Strategies:

- Develop a DEI webpage with a dashboard of key DEI measures and a clear statement about DEI at the Department.
- Regularly update the webpage with news of note and include links to the webpage in Departmental communications.
- Work with Office Directors and Superintendents to promote this DEI plan for Office and hospital staff, connecting goals to their core operations.

2021-2023 Strategies:

- Partner with external organizations to provide webinar opportunities for multidisciplinary learning and participate in external panels to promote DEI work at the Department when appropriate.
- Design public-facing dashboards to provide transparent performance metrics measuring the success of DEI efforts throughout the Department.

Objective 2B: Require all Department staff to demonstrate understanding of DEI and racial equity as a core component of professional and leadership development.

2021-2022 Strategies:

- Develop a DEI training plan for each Office and State hospital that indicates learning opportunities for staff to develop cultural competencies and advance their understanding of barriers and strategies to achieving equity.
- Require CORE or an equivalent training for all new employees as part of new employee orientation and onboarding.
- Build upon CORE to offer additional training opportunities related to DEI, including training specifically focused on racial equity.
- Design and implement required DEI training as part of the Managing in State Government training.

2021-2023 Strategies:

- Review all job descriptions to ensure requirements outline expectations that candidates communicate effectively across difference, consider equity throughout their work, and seek development opportunities to improve DEI skills.
- Include review of DEI skill development during performance evaluations for current staff.

Objective 2C: Cultivate a work culture that is flexible, collaborative, and inclusive so all employees feel safe and are encouraged to contribute their diverse perspectives.

2021-2022 Strategies:

- Continuously reinforce working norms and recognize exceptional performance.
- Support employee participation in the Workforce DEI Committee by ensuring that opportunities to participate are shared broadly, and supervisors are encouraged to make it possible for interested employees to participate in committees.
- Update the Department calendar to recognize population-focused celebrations and major religious observances.
- Pilot employee resource groups for the purpose of mentoring, recruitment, and developing programs to support employees and promote population-based health initiatives and programs.
- Evaluate physical spaces for inclusivity (i.e., gender-neutral bathrooms and areas for nursing, prayer, and medication management)

2021-2023 Strategies:

- Improve transparency and access to Equal Employment Opportunities (EEO) and civil rights processes.
- Evaluate and enhance opportunities for professional development related to EEO and civil rights issues.
- Improve training for supervisors on best practices for supporting employees engaged in these processes.
- Improve transparency of process and support for employees to safely report concerns about workplace culture, including the behavior of a supervisor.
- Initiate a dialogue with labor unions to explore the alignment of DEI strategies with Union objectives and incorporate status updates at regularly scheduled meetings with labor management.

Goal 3: Inclusive Infrastructure

Objective 3A: Develop infrastructure dedicated to health equity.

2021-2022 Strategies:

- Hire additional staff dedicated to health equity.
- Regularly convene a Health Equity Leadership team with representatives from all Department Offices with direct responsibility for DEI initiatives.
- Ensure broad community participation in population health studies and needs assessments.
- Utilize stakeholder input and statewide data on population health to establish clear goals for health equity initiatives.

2021-2023 Strategies:

- Enhance training opportunities for staff related to social determinants of health and the National Culturally and Linguistically Appropriate Services in Health and Healthcare Standards (CLAS).
- Expand partnerships with faith-based organizations and community-based organizations that are led and operated by the communities they serve.

Objective 3B: Utilize data-driven approach to assess health disparities and inequities throughout Departmental programs and policies.

2021 -2022 Strategies:

- Collect demographic data across all Departmental programs and service contracts in a manner that allows for comparative analysis across programs, while simultaneously allowing for disaggregation of demographic data and assuring compliance with various State and Federal requirements.
- Develop subcategories for further disaggregation of data and clear methods of reporting that avoids double counting individuals and align with the Federal Office of Management and Budget categories.
- Utilize focus groups to ensure categories are appropriate and likely to elicit high-quality data.

2021-2023 Strategies:

- Provide regular training for Department staff and providers on how to collect and report demographic data.
- Pilot the use of an equity analysis tool to analyze programs and policy development.
- Analyze pilot results and adapt for widespread use across the Department.

Objectives 3C: Increase Supplier Diversity

2021 -2022 Strategies:

- Review contract riders to strengthen inclusive language, non-discrimination guidance, and expectations around culturally and linguistically appropriate service delivery.

- Promote transparency of the State bidding process to ensure a broader range of businesses and non-profits are aware of procurement opportunities in a timely manner.
- Provide DEI training to staff involved in procurement processes.
- Conduct training on how to do an equity review of competitive bidding processes, proposals, and contracts and make training available to all staff participating in contracting processes.

2021-2023 Strategies:

- Develop a supplier diversity program for the Department that encourages the use of minority-owned, women-owned, veteran-owned, LGBTQ+-owned, and historically underutilized business, and Small Business Administration-defined small businesses as vendors and direct service providers.
- Support the growth of diverse providers and vendors through increased technical assistance.
- Incentivize mentorship for new providers and peer-to-peer support for established providers.
- Require all providers and applicants for funding to speak to their ability to promote diversity, equity, and inclusion in their workforce and service delivery.
- Develop an equity review tool to be utilized in DHHS contract processes and provide training for staff engaged in that review process.

Goal 4: Equitable public service

Objective 4A: Ensure meaningful stakeholder engagement throughout the work of the Department.

2021 - 2022 Strategies:

- Work with the Permanent Commission on the Status of Racial, Indigenous, and Maine Tribal Populations to develop a regular method of communication about the structure and direction of health equity work at the Department.
- Establish a health equity advisory council for the Department that includes providers, clients, and community advocates representing a broad range of diverse populations.
- Develop a community-based approach whereby advisory council members are actively involved in the facilitation and development of meeting agendas and are compensated for their time.
- Ensure transparency through development of public-facing equity dashboards.

2021-2023 Strategies:

- Work with the advisory committee to develop ongoing stakeholder engagement methods that seek to include community partners at the earliest stages of project development, and continuously engage thereafter.
- Develop succession plans for advisory committee membership.

Objective 4B: Improve Language Access

2021-2022 Strategies:

- Improve information available to staff outlining language access services, including location, language capacity, as well as various language access services for each provider.
- Include fluency or proficiency in a second language as a job requirement for some frontline staff in offices where populations with limited English proficiency (LEP) are prevalent.
- Develop protocols to screen for an individual's needs related to language access services.
- Work with State-run hospitals to improve access to interpreters and translation services for patients.
- Ensure translation services, closed captions, and sign language interpreters for public appearances, such as press conferences.
- Improve training for language access to include more information about Maine's population, and a focus on the national CLAS standards.
- Evaluate current online and written materials and prioritize translation for each Office within the Department and designate a staff member in each office to regularly review public materials for language access.

2021-2023 Strategies:

- Conduct language analysis to better understand language prevalence across the State of Maine.
- Evaluate current online and written materials and prioritize translation for each Office within the Department and designate a staff member in each office to regularly review public materials for language access.
- Increase the number of local language access providers able to provide written translation.
- Support user testing for new translations to ensure accuracy for Maine populations.
- Improve interpreter access for telephonic services (211).
- Improve use of accessibility tools including captions and alternative text for videos and social media to more effectively reach populations with LEP, visual disabilities, and those who are deaf and hard of hearing.