



Where To Start?

Entry Points for Organizational
Equity Journeys



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By Nasir Husain

About Learning for Action (LFA)

LFA's mission is to partner with social sector organizations to strengthen their learning culture and practice, in service of equity and justice. We do this through **strategic reflection and learning/evaluation, organizational development, and capacity building**.

We support our clients to tackle complex problems, push for structural and systemic change, and address the root causes of inequities. We hold diverse content area expertise, including **healthcare, education, economic mobility, immigration, advocacy, leadership development, arts/cultural programs, and building the capacities and power of communities**.

Our work is **person-centered, grounded in equity, and data driven**. We engage deeply with our clients, collaborating on and facilitating processes that draw on all partners' strengths, while also providing guidance and recommendations based on our extensive experience. We use inclusive and participatory processes that amplify and center the voices, perspectives, and stories of those closest to the work

Over the course of our 24-year tenure, we have conducted more than **900 evaluation, capacity building, and consulting projects for organizations, foundations, and government and county agencies** across the social sector. We have staff in all regions of the United States and experience with organizations doing work everywhere from their own neighborhoods to internationally.

About Public Equity Group (PEG)

Public Equity Group (PEG) is a diverse practice of strategy and management consultants mobilized to help visionary leaders and organizations achieve impact. PEG works with partners poised to make a demonstrable difference on the "big issues of the day" — in service of equity. In particular, we look for clients with the following qualities:

- Deep equity/justice commitment and compatible organization values
- High potential for national or global impact, scale, and/or replication
- Strong leadership (strategic thinking, management, implementation)
- High organization capacity to implement (staff and board quality; planning, monitoring, operations, and systems quality)

About Robert Wood Johnson Foundation (RWJF)

Robert Wood Johnson Foundation (RWJF) is a leading national philanthropy dedicated to taking bold leaps to transform health in our lifetime. To get there, we must work to dismantle structural racism and other barriers to health. Through funding, convening, advocacy, and evidence-building, we work side-by-side with communities, practitioners, and institutions to achieve health equity faster and pave the way, together, to a future where health is no longer a privilege, but a right.



Every organization I've partnered with...has grappled with this question of where to start. My own personal conclusion is that I'm not sure it always matters. Just start somewhere.

– **Bess Bendet**
Consultant & ELL Coach

Introduction

Beginning an organizational equity journey, or embarking on a new phase of such a journey, is never easy. It raises the inherent complexity of equity work and should be considered with intentionality. It can be difficult for some organizations and individuals to even recognize that change is required, and the steps that follow are often trepidatious, uncertain ones. The ultimate goal of an organizational equity journey is to achieve impact in the world by creating more equitable outcomes for community members. This is a powerful aspiration, but it is sometimes unclear how this should translate into concrete next steps.

How do organizations decide where and how to begin their equity journeys? And once they've embarked on the journey, how do organizations measure progress and decide where to deepen their equity work? There are so many ways to center and advance racial+ equity — in an organization's mission or vision statement, in community or client-facing programs, or in internal human resources (HR) practices, for example. Practically every aspect of an organization can benefit from embedding equity principles more deeply, but trying to tackle everything at once will likely leave an organization spread too thin. As such, figuring out where and how to begin, or how to go deeper, can seem like a daunting prospect. This case study refers to these initial steps of beginning or deepening an organizational equity journey as “entry points.”

This case study tells the story of two health-focused organizations that participated in the Equity Learning Lab (ELL), a Robert Wood Johnson Foundation (RWJF) program that provided coaching and technical assistance to organizations committed to advancing equity in their work. This particular case study documents how and why these organizations chose entry points for deepening their equity-focused work in partnership with the ELL, including selecting which dimensions of the work to focus on first, which activities to pursue within those dimensions, and how to sequence these steps. Regardless of whether an organization is at the beginning, middle, or more mature phases of its equity journey, the selection of entry points is a challenging exercise that lays the foundation for the next stage of growth.

¹ The term “racial+ equity” refers to the fact that while racial equity was the primary focus of this project, organizations also had latitude to address other dimensions of equity.

The organizations profiled in this case study reflect two different segments of the health sector. Founded in 1995, the Center for Health Care Strategies (CHCS) is a nonprofit dedicated to improving health care access, quality, and outcomes for individuals served by Medicaid. Through research, policy analysis, technical assistance, and collaboration with stakeholders across the health care spectrum, CHCS strives to advance innovative solutions that address the needs of a low-income population that is, by definition, more likely to have experienced health inequities. Founded in 1997, Bailit Health is a for-profit consulting firm specializing in health care policy, payment reform, and performance accountability for insurers and providers. With a focus on improving health care quality, access, and affordability, Bailit Health collaborates with public and private sector entities to develop tailored strategies and solutions that produce better health outcomes while lowering costs. As part of their participation in the ELL, each organization was paired with a coach who helped support a new phase of the organization’s equity journey.

The ELL was intentionally designed to be customizable, based on the premise that no two organizations’ racial equity journeys will look the same. Key to this philosophy is that there is no one “right” start or end point to an equity journey, and that growth will be nonlinear and iterative. This is reflected in the ELL’s framing of equity work as a continuum (ranging from “curiosity” to “commitment” to “practice” to “embedded”), with nine distinct dimensions to consider:



Organizations were given full latitude in where and how to begin their racial equity-focused work through the ELL, as these decisions were highly specific to the history and current circumstances of each organization. ELL coaches emphasized that there are no hard and fast rules about where to begin, and that the most important thing is starting somewhere. Any one of the nine dimensions could serve as an entry point. For example, one organization may feel that incorporating equity into its mission and vision is a logical first step, with other changes flowing from there. Another organization may feel that its overall mission and vision are well-stated, but that more tactical changes are needed to improve racial equity in HR policies and practices, for example.

While this array of options is designed to be empowering, it can also create its own conundrum of where to begin, which can lead to decision paralysis. An organization making these decisions can benefit from a comprehensive assessment at the outset to reflect on its current equity orientation, its desired future state, and what it would take to get there. One assessment framework, the Organizational Equity Reflection Tool (OERT), has been used by ELL participants to help determine which dimensions of equity work to prioritize at this particular moment in the organization's lifecycle, history, and context. The OERT can also be used to measure progress as an organization proceeds along its equity journey. In addition to the OERT, both CHCS and Bailit Health conducted further assessments of their organizational culture via surveys, interviews, and focus groups.

While the chosen entry points varied, organizations and coaches agreed that it is important for an equity journey to include both external- and internal-facing components. Without this balance, an organization's equity work risks appearing incomplete or even inauthentic. For example, if an organization focuses exclusively on its programmatic work without examining its internal operations, staff may fairly perceive that the organization isn't practicing what it preaches. On the flip side, if an organization focuses exclusively on internal work, it risks navel-gazing and leaving unrealized the potential for achieving more equitable outcomes through what many view as the organization's core function: programmatic work.

External experts and facilitators can play a key role in conducting foundational assessments and guiding decisions about where and how to begin the work. An external perspective and voice helps provide safe space and neutral ground, enabling staff at all levels to contribute their opinions. Informed by their experiences working with a variety of organizations, expert consultants and coaches can also provide proven solutions and outside-the-box ideas that may not occur to leadership and staff steeped in the day-to-day of their own organization.

In Choosing An Entry Point, There's No One "Right" Answer

There are myriad ways an organization can embrace principles of racial equity in its work, and choosing a starting point may feel like a high-stakes decision. However, interviews with ELL coaches and participants revealed that the choice of where to start is less significant than the decision to start. "Every organization I've partnered with through the ELL has grappled with this question of where to start," said Bess Bendet, the ELL coach for CHCS. "My own personal conclusion is that I'm not sure it always matters. Just start somewhere."

All of the organizations participating in the ELL made a proactive decision to prioritize racial equity in their work and to seek out coaching and peer learning support for their equity journeys. This commitment should not be taken for granted. In a 2022 national survey of employees across sectors, about one-third reported that DEI had “received more attention” within their organizations over the prior two years. This increased focus on DEI has been met with pushback: 42% of employees reported that their peers viewed DEI efforts as divisive, and another 42% reported that their peers resented DEI efforts. The authors grouped pushback against DEI efforts into three categories: denial (“this isn’t a problem”), disengagement (“this isn’t my problem”), and derailing (“what about other problems?”).² Despite resistance, the decision to engage in equity work is necessary, especially for health-focused organizations seeking to address extreme disparities in health access and outcomes.

Organizations should expect that equity work is an ongoing, long-term priority with different phases based on the organization’s evolution and external events, with the ultimate goal of achieving more equitable outcomes in the world. While many U.S. health policy and systems change organizations have long prioritized “under-served” or “disadvantaged” communities, for organizations like those profiled in this case study, the events of 2020 represented a critical impetus for or inflection point in their equity journeys. The disproportionate impacts of the COVID-19 pandemic on communities of color and the murder of George Floyd and other high-profile incidents of police violence demanded an increased and more explicit prioritization of racial equity, especially for organizations operating in the health space. “For us, it was George Floyd,” recalled Michael Bailit, the Founder and President of Bailit Health, who has been at the helm of the organization for over 25 years. “It was a jolt, and it prompted a recognition that we needed to focus our attention, personally and organizationally, on racism. Before this, equity was not necessarily an explicit topic of discussion.” For CHCS, a focus on health equity in their work was already established, but the events of 2020 motivated the organization to accelerate its journey. “We focus on Medicaid and so there’s always been a focus on health equity,” said Diana Crumley, CHCS’s former Associate Director of Delivery System Reform, who had been with the organization for seven years. “But in 2020, our efforts became much more explicit. The pandemic, and the racial disparities in its outcomes, the murder of George Floyd...all of that contributed to us leading with racial equity in particular.” For both organizations, this racial equity journey involved joining the ELL in 2021.

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² Trisha Rai and Caitlin Dutkiewicz, “How to Navigate Pushback to Diversity, Equity and Inclusion Efforts,” Gartner, 2022.

When organizations undergo change — either to update strategic priorities, or to revamp internal systems and processes — there are typically multiple cycles of ideation, iteration, and implementation involved. With nine organizational dimensions in the OERT framework, ELL coaches stress that there is no “right” starting point; decisions around where and how to start, or go deeper, are inherently organization-specific and addressing multiple dimensions simultaneously may be the best way forward. The ELL’s self-assessment framework encouraged this multi-pronged approach, while also recognizing that addressing all nine dimensions at once will likely leave an organization spread too thin. Typically, ELL coaches will recommend pursuing 2-3 dimensions as immediate, near-term priorities.

Assessment Informs Action

In deciding where to begin the next phase of their equity journeys, organizations participating in the ELL found it helpful to engage in self-assessment, including using the ELL’s OERT framework. By assessing the current state of their equity work, Bailit Health and CHCS were able to identify strengths, gaps, and pain points, which informed key decisions about which aspects of the work to prioritize and in what order.

The OERT allows organizations to assess their work related to racial equity in a structured way, identifying gaps between where an organization is today and where it strives to be in the future. The goal of this exercise is to chart a course for the increased prioritization of equity, which should translate to greater impact in the world. Typically, multiple members of an organization will complete the OERT exercise. Those perspectives will then be synthesized into an organization-wide assessment, reflecting both the average response and the range of responses. According to Michael Bailit of Bailit Health, “Having that structured way of doing a gap analysis was really valuable...Self-assessing where we are on a spectrum scale, that helped us make decisions about where we wanted to prioritize our efforts.”

Again, there are no clear-cut rules about how the results of the OERT assessment should guide near-term action. Some organizations may prioritize dimensions where the gaps between current state and desired future state are the biggest, thinking that the longest journeys should be embarked upon first. Others may prioritize dimensions with the smallest gaps, seeking “quick wins” as a foundation to inspire sustained growth. And others still may disregard the size of the gaps altogether, simply selecting those dimensions that are most essential to their work. Many organizations will adopt a combination of these philosophies. For example, Bailit Health decided what to prioritize based on which domains were most relevant and which gaps were perceived as the largest. This led Bailit Health to prioritize the dimensions of Culture & Values, Strategy, and HR in the near-term. CHCS had a similar philosophy, choosing to focus on Culture & Values and Program. For each of these dimensions, CHCS sought to reach the “embedded” stage of the OERT continuum, where equity is a core purpose, with organizational systems and practices in place to ensure effective implementation.

Reflecting on the OERT process, Michael Bailit appreciated how the selection of focus areas came organically from the staff. The specific dimensions selected mattered less than the process by which they were selected and the feeling of ownership and buy-in that process created. “I liked the ability for us as a team to select our own journey informed by that [OERT] analysis,” he said. “There are multiple pathways we could have taken, but the paths we took were reflective of the people who were a part of that process. There’s tremendous value in having people create their own pathway.” This insight is particularly poignant in the context of organizational equity work, in which power-sharing and inclusion are central principles.



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The OERT was not the only assessment process that organizations participating in the ELL employed. CHCS and Bailit Health used surveys, interviews, and focus groups to better understand the equity-related experiences of staff. Both organizations expressed a moral imperative to “do right” by their staff and recognized that poor staff morale could lead to turnover, destabilizing each organization’s success and impact. Preceding their engagement in the ELL, CHCS brought in an external group called BECOME to assess the experiences of CHCS staff, with a focus on staff of color. The process involved a staff survey and extensive interviews, culminating in a report that was presented back to the whole organization. “We believed it was beneficial to enlist an external, neutral third party to take a closer look at our internal culture and the experiences that staff of color were having in the organization,” said Tricia McGinnis, CHCS’s Executive Vice President and Chief Program Officer, who has been with the organization for 13 years. This assessment revealed some valuable findings. “The thing that sticks out to me the most was experiences that staff of color were having, not always feeling heard or acknowledged,” said McGinnis. “It reflected that we were an organization with good intentions but, nevertheless, at times our impact was harmful.” The organization was transparent about these findings, releasing BECOME’s report to the entire staff. “I appreciated the directness, candor, and transparency around those results,” said Shilpa Patel, Director of Population Health & Health Equity at CHCS. “It really acknowledged and validated the experiences of people of color working at CHCS.”

The assessment of staff experiences served as a key first step in CHCS’s internal equity journey and informed near-term action. Recognizing the experiences of harm for staff of color, CHCS brought in an expert to conduct racial awareness and sensitivity training. After an organization-wide training session, the staff broke into smaller groups for a series of intensive facilitated discussions. “We really unpacked the experiences people had,” recalled McGinnis. “The discussions were very explicit about race and made us examine our own biases. That was a really impactful next step coming out of the work with BECOME.”

Similarly, Bailit Health brought in an external consultant to conduct an anonymous staff survey as part of an anti-bias training session. The survey revealed a variety of equity-related issues, including junior staff feeling that their opinions were not taken seriously and that they lacked insight into decision-making processes. This led to several internal shifts, including the formation of a mentorship program to build connections between junior and senior staff and a commitment to administer the anonymous survey annually to measure progress.

Via the OERT and other mechanisms, ELL organizations engaged in deep self-assessment of their equity work. By providing data, recognizing past harms, and fostering meaningful conversation, these assessments were vital in identifying where and how to begin or continue the equity journey. Regardless of an organization’s previous experiences of equity work, it is important to account for the perspectives of current staff members before beginning a new phase.



Balancing External & Internal-facing Work

While ELL coaches emphasize flexibility in the selection of entry points, the experiences of CHCS and Bailit Health also highlight the importance of balancing external- and internal-facing aspects of equity work. Both organizations found it essential to pursue both external- and internal-facing work at the same time. This was grounded in recognition that a deep equity journey requires both internal and external growth, and that one without the other can make the whole endeavor feel hollow. By demonstrating this commitment early on, the organizations communicated to both staff and the broader community that they would be approaching their equity work in a holistic, comprehensive way.

Of course, there is not always a clear distinction between external- and internal-facing dimensions of an organization's work. For example, an organization's mission statement communicates something fundamental to both external audiences (clients, partners, funders, and communities served) and internal audiences (staff, management, and board). Other dimensions are more clearly delineated. By definition, programs that serve clients or community members are external-facing. By contrast, human resources (HR) practices and policies designed to recruit, hire, manage, and develop talent are primarily internal-facing. But there is always interplay between these dimensions, even those that seem strictly external or internal. By hiring and retaining a more diverse staff, for example, an organization's HR department may contribute to a shift in programmatic approach — or vice versa.

According to Bess Bendet, the ELL coach for CHCS, “A lot of organizations grapple with this question: should we focus on [external] program or internal operations and culture? I think CHCS was very thoughtful about how they considered that question... One of the things that's been great about their journey is that they've done both.” Through their engagement with the ELL, CHCS focused on their programmatic work, which involves policy design and implementation support to improve outcomes for people enrolled in Medicaid. With the support of other consultants, CHCS focused simultaneously on their internal work, including the dimensions of HR and culture. “I think that [doing both] was incredibly valuable,” reflected Bendet, “and I've observed that the culture change work has informed their thinking about the programmatic work ... They did both in parallel and they ended up supporting each other.” There is a staff-led equity work group at CHCS that now has five subcommittees, reflecting a balance of both internal and external focus: policy and practice (focused on HR and internal culture), organizational learning (focused on learning and training for staff), communications (focused on embedding principles of equity into external-facing messaging), community engagement (focused on integrating community voices into projects), and the ELL subcommittee (focused on program).



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On the program side, the ELL has supported CHCS in designing an “Embedding Equity Tool” for incorporating equity considerations across CHCS projects. Reflecting on the decision to create a tool like this as a foundational step, Nida Joseph, a Program Officer at CHCS, said, “Through many conversations, we thought the most useful thing to do would be to create a tool that every project team could use, a tool that could assess whether a project has an equity lens.” Rather than focusing on one project, the CHCS team wanted to create something that could be used across projects, building a systematic consideration of equity into the planning process. According to Bendet: “They had a desire to put in place something that could be institutionalized and operationalized pretty consistently across programs.” The tool includes several questions for assessing each project, such as “Does the project explicitly include health equity in its goals?” and “Is community voice included in this project, either directly through the CHCS project team or through external partners?” Given the tool’s applicability across projects and its embedding of equity considerations into project planning, it felt like the right entry point step for deepening CHCS’s programmatic equity work. All CHCS program teams used this tool to assess their projects during the fall of 2023. CHCS senior leadership set a goal of at least 75% of projects having an equity lens, and the assessment found that 79% of projects either had health equity goals or applied equity-centered approaches to project implementation. CHCS continues to use the results of this assessment to inform next steps in strengthening its community-facing equity work.



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Program Officer at CHCS

The development and use of this tool has benefited from the simultaneous internal culture work pursued by CHCS. Through training and facilitated discussion sessions led by Ken Hardy, Race Forward, and other external experts, CHCS has worked to develop an internal culture of racial awareness and sensitivity. This has translated to an increased level of comfort discussing racial equity and experiences of racism. “Those conversations helped us break through that wall of discomfort,” said Nida Joseph, “and I’ve noticed that our culture is now more open to discussions of race.” These changes in internal culture and the implementation of the equity lens tool have been mutually reinforcing.

Bailit Health’s equity journey involved a similar, simultaneous pursuit of both internal and external growth. As described above, Bailit Health’s use of the OERT led the organization to prioritize the dimensions of Culture & Values, Strategy, and HR. Internally, Bailit Health recognized that its staff was overwhelmingly White and sought to diversify its job applicant pool and remove bias from the hiring process. Bailit Health began posting its jobs on a few additional platforms focused on attracting candidates of color and began distributing its job postings through the alumni listserv of an undergraduate internship program for students of color interested in

organization's leadership realized its interview process had been "highly unstructured," which created opportunities for bias. With technical assistance from an external consultant, Bailit Health created a standard set of interview questions and a more objective system for assessing interviewees. Bailit Health also hired an external firm to develop a "bias response pathway" for employees to report experiences of bias in the workplace. Because Bailit Health is a small organization without a formal HR department, it recognized the need for external capacity to receive and investigate incidents of bias.

In creating an internal culture of equity, Bailit Health prioritized learning opportunities. "The majority of our workforce is White, but we knew we wanted to focus on health equity and racism," reflected Michael Bailit. "And that was the reason why learning was so essential early on." For example, the staff read Ibram X. Kendi's ***How to Be an Antiracist*** and other books about racism as part of a firm-wide book club, and participated in anti-bias training. With this shared knowledge as a foundation, the organization engaged in group discussions around the definition of "equity." This definition is now central to Bailit Health's homepage, communicating the firm's commitment to both internal and external equity work: "We define equity as the state, quality, or ideal of being just, impartial, and fair. Equity acknowledges unequal starting places and differences in context, needs, experiences, and opportunities. We strive to improve equity in our internal operations and in our work for our clients."

In its client-facing work, Bailit Health focuses on how to improve the purchasing and regulation of health insurance and health care. Many of its clients are state-level health and human services agencies. Bailit Health works across a variety of states, each characterized by different cultures and political contexts, and widely divergent orientations to equity. "With some of our state clients, we're explicitly focused on equity, and with others, we can't even use the word 'equity,'" said Michael Bailit. That said, the firm has set a standard that 60% of its projects be equity-focused and has assigned an "equity champion" to each of its client teams who looks for ways to prioritize equity in client work. Bailit Health also produces a series of research publications, which have become increasingly focused on issues of equity in recent years. For example, an issue brief outlined how state Medicaid programs could implement managed care strategies that reduce racial and ethnic disparities in mental health care. And in an earlier report, Bailit Health analyzed state Medicaid contract language to identify where and how health equity was discussed. By providing this type of research and thought leadership, Bailit Health has expanded the reach and impact of its external-facing equity work beyond its own clients.

The Role of Expert Advisors & Facilitators

Throughout the process of identifying entry points for their equity journeys, CHCS and Bailit Health found great value in the support and guidance of external facilitators, from the ELL and beyond. Given the emotional, cultural, and legal complexity of organizational equity work, external facilitators can help provide a safe space in a way that would be difficult for organizations to do on their own.

During the assessment phase, external consultants played an essential role in conducting the assessments (via surveys and/or interviews), providing structure for potentially challenging conversations, helping staff feel comfortable sharing painful experiences, presenting findings in a transparent way, and guiding the development of actionable strategies

based on results. Remembering the assessment of CHCS's organizational culture by BECOME, Senior Communications Officer Rachel Yard said, "That was the value of bringing in an external consultant to do that work: they provided space for us to uncover things as an organization that weren't surprising to some people, but were eye-opening to others." Having external facilitation support also proved extremely helpful in processing these results. "Those honest conversations can be difficult. We could have done it internally among ourselves, but there are so many dynamics that go into it, particularly related to power. Having an outside facilitator created neutral ground for us to face the work together," Yard reflected.


Bailit Health also hired an external consultant to conduct an anti-bias training, which included an all-staff survey touching on various equity-related topics. "That became the one moment that they really did step back as a whole staff, not just the ELL team, and reflect on these issues," recalled Ignatius Bau, the organization's ELL coach. "[The survey] surfaced a lot of issues that were probably always there...and it helped Michael [Bailit] realize that he needed to build in ways to get this feedback more regularly." For both CHCS and Bailit Health, it was essential that leadership trusted these external data collection processes, were transparent about the results, and acted to address issues raised.

CHCS staff extolled the value of their ELL coaches, Bess Bendet and Ignatius Bau, who helped protect time for organizational equity work, provide structure to the process, and inform key decisions. "We met biweekly over the course of the whole ELL engagement," said Shilpa Patel, "and having that time was invaluable to really have these conversations, understand the challenges, and discuss these opportunities." CHCS leadership and staff especially appreciated the external perspective provided by the ELL coaches. "You can get stuck in how you think organizationally," reflected Nida Joseph, a CHCS Program Officer. "Getting someone who is experienced, but not steeped in the culture of the organization...can help you think outside the box." For example, CHCS staff agreed that the ELL process and Bess Bendet's coaching were key factors in the decision to develop the embedding equity tool to advance equity across CHCS projects. "It took us some time and debating different things to land where we did with the tool," said Tricia McGinnis, "and I think Bess was a really integral part of that, by helping us approach it in a different way than we otherwise would have."

Bailit Health echoed many of these sentiments. Its ELL team met once a month, beginning with the OERT assessment, deciding which areas to focus on in the near-term, and putting together concrete implementation plans to guide progress. "All of that really led to the initial set of activities that we decided to pursue," recalled Michael Bailit. The structure of the ELL and the coaching provided by Ignatius Bau also helped ensure accountability. "The regularity of our meetings with Ignatius has helped keep us honest," said Michael Bailit. "At times it can feel like the momentum is slow, but we've really made steady progress. We recently looked back at our initial [OERT] self-assessment, and I think that helped us realize how far we've come." In this way, the OERT and external coaching can also play a role in measuring progress as an organization moves along its equity journey.

Challenges & Lessons Learned

Both CHCS and Bailit Health acknowledged the challenges of beginning and deepening an organizational equity journey. It takes time and resources to conduct the assessments necessary to make informed decisions. The learning curve on equity issues can be steep and the internal conversations prompted can be emotionally difficult. As discussed above, having external support can be extremely useful in navigating these challenges. “The first thing I would recommend to any organization embarking on a journey like this is to work with external coaches and consultants,” said Nida Joseph. “It can get tricky and uncomfortable...and having a neutral person lead or facilitate is a great starting point.”



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Decisions regarding where to begin an equity journey are organization-specific, and should ideally be born out of open discussion between a wide range of staff. Leadership support for this process and its outcomes is key. “I think it was really important that our decisions around starting points came out of our team, not from me,” reflected Michael Bailit. “But then it was also important that I, as a leader, got behind those decisions fully.” CHCS staff agreed that a collaborative decision-making process was essential. The CHCS ELL team intentionally included individuals from across the organization, with different levels of seniority and representing different racial and ethnic groups. This mode of collaborative decision-making requires patience and can sometimes feel like a change of pace. “It took us a while to coalesce around exactly what we wanted to do,” recalled Tricia McGinnis, “it was very iterative, and we were making progress, but we also had to be patient with ourselves in realizing that cultural change takes time.”

ELL coaches emphasize that it’s important to enter any phase of an equity journey from a place of self-awareness and humility. While there may not be any one “right” entry point to an equity journey, it is important for an organization to recognize that it is on a journey over time, and to not jump ahead or prematurely claim completion. “In my experience working with other organizations, just saying that you are an anti-racist organization doesn’t work, without recognizing your positioning,” said Ignatius Bau. “You’re just going to make people of color feel you’re being performative, without understanding what it means to be an anti-racist organization.” By committing to the journey, recognizing its newness, and allowing time for genuine growth, organizations can embark on their next phase of equity work in a way that lays the foundation for meaningful and durable progress.

Conclusion

The question of how to begin a new phase of an organizational racial equity journey can appear daunting at the outset. Based on the experiences of ELL participants, organizations should worry less about the “right” entry point and focus more on the intentionality of the decision to focus on equity, and its implications for the entire organization. ELL coaches emphasize that “starting somewhere” is almost always a step in the right direction and advise organizations to pursue two to three entry points at once. In making an informed decision about these entry points, an assessment phase can offer valuable insights about where an organization currently is and where gaps exist. When conducted effectively, the assessment phase can gather perspectives from a wide range of stakeholders and reveal truths that may have previously gone unspoken. External experts and facilitators are useful resources in conducting these assessments and in processing their results, which may prompt difficult conversations. Selecting where and how to begin or deepen an equity journey is an inherently organization-specific decision, but finding a balance between external-facing and internal-facing dimensions of work appears to be a best practice. In doing so, an organization is communicating to both internal staff and external stakeholders that it plans to embrace equity work holistically. Regardless of an organization’s history with equity work, starting a new phase of an equity journey can bring energy and excitement, and inevitably, challenges and uncertainties. By committing to the journey and approaching it with a spirit of collaboration, humility, and purpose, organizations can set themselves up for transformational change and sustained impact.

