



The Organizational Equity Reflection Tool

Experiences from Four
Health-Focused Organizations



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 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 Funder

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.




Summary

This case study tells the story of four health-focused organizations that used the Organizational Equity Reflection Tool (OERT) to assess their current equity work across various dimensions and to set goals for where they want to go in their equity journeys. The case study includes:

-  **An overview of the OERT and how it can be used**
-  **Examples of how it was applied by four organizations of different size and purpose**
-  **Reflections on its value and impact**
-  **Reflections on challenges encountered and lessons learned**

Key Takeaways

The OERT is a framework designed for reflection on an organization's equity work, including assessment of current work and goal-setting for the future. There are several key aspects of the OERT's design that have made it especially useful to organizations embarking on equity journeys:

-  **The OERT is a flexible framework, which presents equity work as a continuum with no “right” starting point or ending point.**
-  **Covering nine dimensions of an organization's work (externally facing and internally facing), the OERT encourages organizations to think comprehensively about all of the ways equity can be prioritized.**
-  **The OERT provides structure to conversations that may seem daunting, complex, or otherwise fraught.**

Coaching and facilitation support are key to the OERT's impact, providing an external voice to guide the process and allowing all of an organization's staff members to be fully engaged as participants. With the support of coaches from the Robert Wood Johnson Foundation's Equity Learning Lab program, the four health-focused organizations profiled in this case study have used the OERT to:

- Assess the current state of their equity work and set goals for the future, synthesizing perspectives from a broad array of staff
- Identify priority areas for near-term focus and inform the creation of actionable implementation plans
- Measure progress against goals


Introduction

How can an organization assess the state of its equity work holistically and comprehensively? How can it set goals for deepening this work in the future? These critical questions can be daunting. Enter the Organizational Equity Reflection Tool (OERT), a framework for productive reflection and discussion on an organization's equity work across all dimensions. The OERT was developed for use in the Equity Learning Lab (ELL), a Robert Wood Johnson Foundation (RWJF) program that provides coaching and technical assistance to health-focused organizations committed to advancing equity in their work. The ELL operated from 2020-2023, in the context of COVID-19 and its disproportionate impacts on communities of color, the murder of George Floyd, and the subsequent national reckoning on racial equity. For a number of organizations interested in prioritizing equity in their work, the OERT has provided a structure and process for assessing where an organization is on its equity journey, where it wants to go, and what it would take to get there. The tool has proven highly useful for the organizations profiled in this case study — as well as the other 20+ organizations in the ELL who used it — and is potentially applicable to any organization interested in embarking on or deepening its own equity journey.

The OERT is based on Public Equity Group's Equity Continuum toolkit, which frames equity work as an ongoing journey with no fixed beginning or end. As such, the OERT invites an organization to begin its equity journey without judgment, stemming from the premise that there is no one "right" starting or ending point to an equity journey and that growth may be iterative. The OERT is intended to generate discussion internally and to encourage the organization to think comprehensively about equity across nine organizational dimensions (see image on next page). For each of these dimensions, there is a continuum along which to indicate the ways in which equity is incorporated into the organization's work, ranging from "curiosity" to "commitment" to "practice" to "embedded." "Curiosity" is the first stage of an equity journey, in which the organization is interested in exploring how values of diversity, equity, and inclusion interact with a particular dimension of its work. "Commitment" is the next stage, in which the organization sets an explicit intention to incorporate equity into a dimension of its work. Next comes "practice," in which the organization implements changes in line with its commitment to equity. Finally, there is the "embedded" stage, in which principles of equity are fully integrated into that dimension of work, leading to measurable changes in outcomes internally or externally. For each of the nine organizational dimensions, the OERT provides examples of what each stage of the journey — from "curiosity" to "embedded" — might look like.



When filling out the OERT, multiple members of an organization (at all levels of the organizational structure) are asked to identify where the organization is today along this spectrum and where it wants to be in the future (three years from now, in the case of ELL participants). For example, under the dimension of Mission & Vision, an organization interested in exploring how equity could be incorporated into its mission statement would place itself at the “curiosity” stage of the journey. If that organization wanted to explicitly reflect principles of equity in its mission statement, with clear and consistent benchmarks for success, it would aspire to reach the “embedded” stage. The OERT can also be used to track changes over time, measuring progress between the starting point and the desired destination. Summarizing the use and impact of the OERT, the leader of one organization said, “We used the OERT in a team strategic retreat to diagnose where we thought our team was on the continuum and where we wanted to be in three years. It was a great launching-off point for us to define an overarching aim to embed equity into what we do and how we do it, followed by defining specific goals for 2022 to help us move toward that aim.”



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– ELL Participant

This case study tells the story of four health-focused organizations and how they have used the OERT to advance equity in their organizations, including how they deployed the OERT, how they synthesized perspectives from various stakeholders, how they set goals using the OERT, and how they used the OERT to measure progress. These organizations span different segments of the health sector, including two nonprofit research and advocacy organizations (the Institute for Medicaid Innovation and the National Academy of Medicine), a for-profit professional services firm (Manatt Health), and a government agency (the County of San Diego Public Health Services Department). The first three of these organizations are funded partners of the Robert Wood Johnson Foundation, one of the largest philanthropic health funders in the country, and participants in the Equity Learning Lab (ELL). The fourth is a government agency introduced to the OERT through another RWJF funded partner; while the County of San Diego Public Health Services Department is not itself a RWJF funded partner, it did participate in the ELL and receive support from an ELL coach. As part of their participation in the ELL, each organization was paired with a coach who helped them utilize the OERT, reflect on their equity-related organizational goals, and develop an Equity Continuum Plan (ECP) as a roadmap to achieving those goals. To date, more than 25 organizations have completed and submitted an OERT and ECP as part of their participation in the ELL.

The four organizations profiled in this case study found the OERT to be tremendously valuable in assessing the current state of their equity work, setting goals for the future, and making plans to meet these goals. Accompanied by coaching and facilitation support, the OERT provided an entry point to a complex, potentially overwhelming undertaking and encouraged organizations to think holistically about the many ways equity could be prioritized in their work.



A Flexible Framework for Data Collection

Part of the philosophy behind the OERT is that every organization’s equity journey will look different. As such, the tool is designed to be a flexible framework that encourages thoughtful reflection about all the ways an organization could potentially prioritize equity in its work. There is no hard and fast rule about how the OERT should be used. In fact, Ignatius Bau, the ELL coach responsible for supporting Manatt Health in its equity journey, felt that much of the tool’s value lies in its adaptability: “The OERT is meant to be flexible...There should be that ability to tailor the experience for individual organizations.”

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– **Ignatius Bau**
Health Equity and Policy Consultant

The first step of the OERT process involves using the tool to assess where an organization currently is in its equity journey and setting goals for where it wants to go. For ELL participants, the OERT was originally formatted as a slide deck that individuals within each organization could use to conduct their assessment. In practice, the way each organization collected data using the OERT depended on several factors, including its size, the type of work it does, its organizational culture, and its approach to strategic planning. The tool’s flexible design allowed organizations to choose a methodology that best aligned with their culture and practices.

Manatt Health is a health-focused professional services division with approximately 160 staff members, operating under the umbrella of a large law firm. Manatt Health provides a wide range of health analytics and health policy consulting services to hospitals, networks of community physicians, and nonprofits like the American Association of Medical Colleges. According to Alice Lam, a Managing Director at Manatt Health, the organization adapted the tool to fit its circumstances: “We did some modifications to the OERT based on the type of organization we are...We’re not providing direct services in the way a nonprofit would be, so we had to orient the tool toward what we do as an organization and how we would make an impact.” For example, in its adaptation of the OERT, Manatt Health omitted the “program” dimension (which refers to an organization’s direct service or policy work), because the organization does not run its own programming. In engaging with the OERT, Manatt Health decided to assign the exercise to approximately eight leaders within the organization who were selected based on several criteria, including representation of key business units, representation of different office locations, and tenure. According to Ignatius Bau, “We were very strategic about who we invited to participate in the OERT process...We brought in influential partners and managing directors whose buy-in would be key to execution.” These individuals then used the OERT to independently assess where they thought the organization was and where they wanted the organization to go along each of the OERT dimensions. Alice Lam and her colleague Patricia Boozang, a Senior Managing Director at Manatt Health, compiled these results and brought them back to the group for discussion.

Other organizations chose to engage all staff in the OERT process. The Institute of Medicaid Innovation is a nonprofit research organization dedicated to improving the lives of individuals covered by Medicaid. When the organization embarked on the OERT process, there were approximately 15 staff members, three interns, and four fellows, all of whom independently and anonymously assessed the organization’s equity work using the OERT. According to Jennifer Moore, the Founding Executive Director, this approach was based on the organization’s size and ethos: “We have an inclusive culture and we’re small enough where we really could include everybody [in the OERT process].”

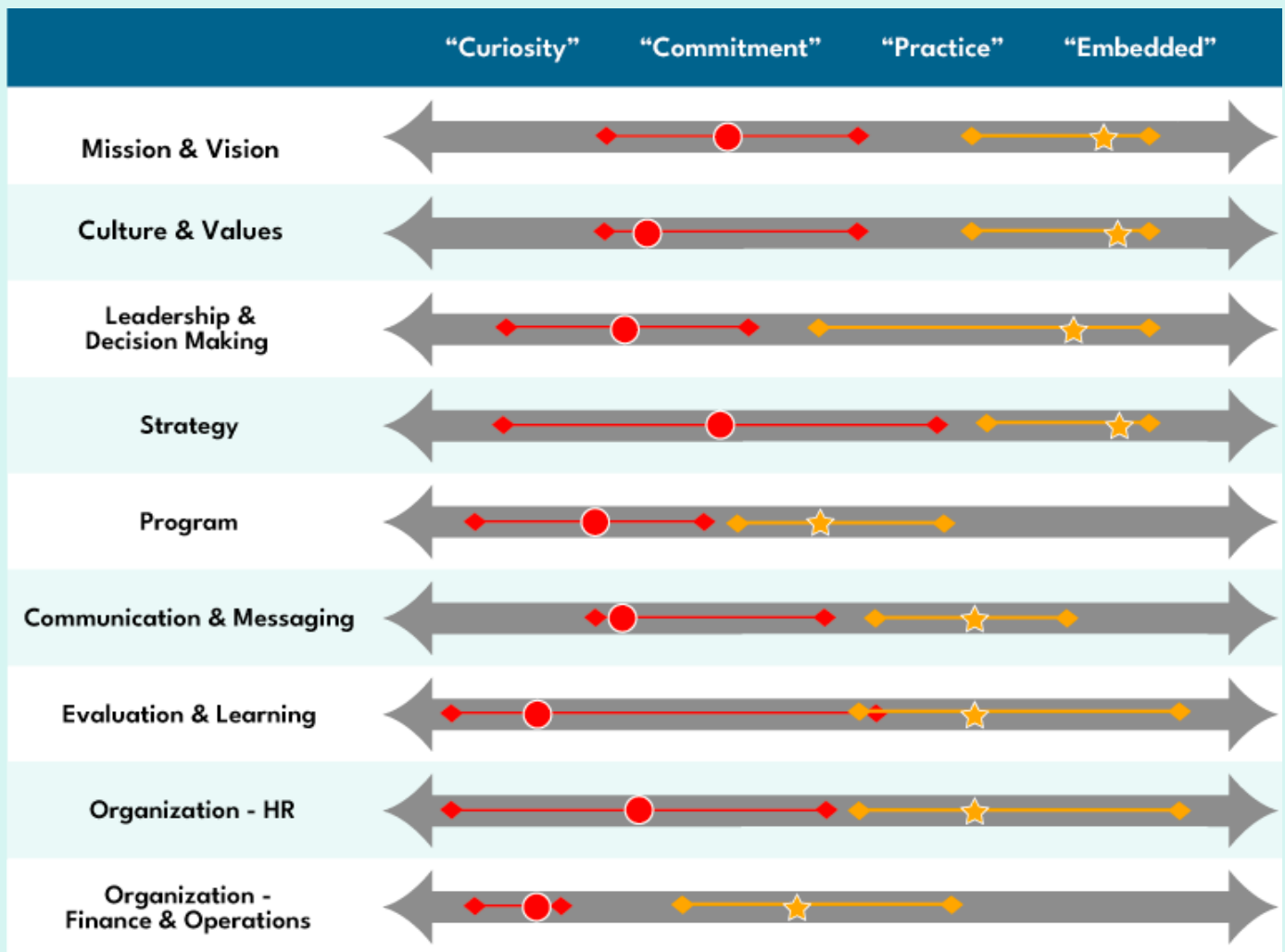
Embracing the values of inclusion and diversity of perspective, two larger organizations, the National Academy of Medicine and the County of San Diego Public Health Services Department, felt it was important to gather input on the OERT from as many staff members as possible. The National Academy of Medicine — a nonprofit dedicated to providing evidence-based, objective advice on matters of health, science, and technology — has a staff of approximately 50. The County of San Diego Public Health Services Department is a government health and human services agency with a staff of approximately 700. Given the size of these organizations and their desire to collect input from all staff, each organization decided to adapt the OERT into a survey that could be widely distributed. According to Tamitha Walker-McKinnis, the ELL coach who supported the County of San Diego Public Health Services Department, “The reason we used the survey approach is just the number of people we wanted to engage.” For both organizations, the survey was an effective way to collect quantifiable, staff-wide input on the current state of equity work and future equity goals. The County of San Diego Public Health Services Department received a significant response (from approximately 56% of staff), as did the National Academy of Medicine (from approximately 50% of staff).

Synthesizing Diverse Perspectives

After the data collection phase, the next step of the OERT process involved synthesizing individual inputs into a summative view of each organization’s equity work. Here, each organization determined the aggregate assessment of where it currently is in its equity journey along many dimensions and the desired future state. For both current and future states, each organization captured the average response for each dimension and the range of responses. This was valuable in demonstrating how much alignment or divergence existed on the assessment of each dimension.

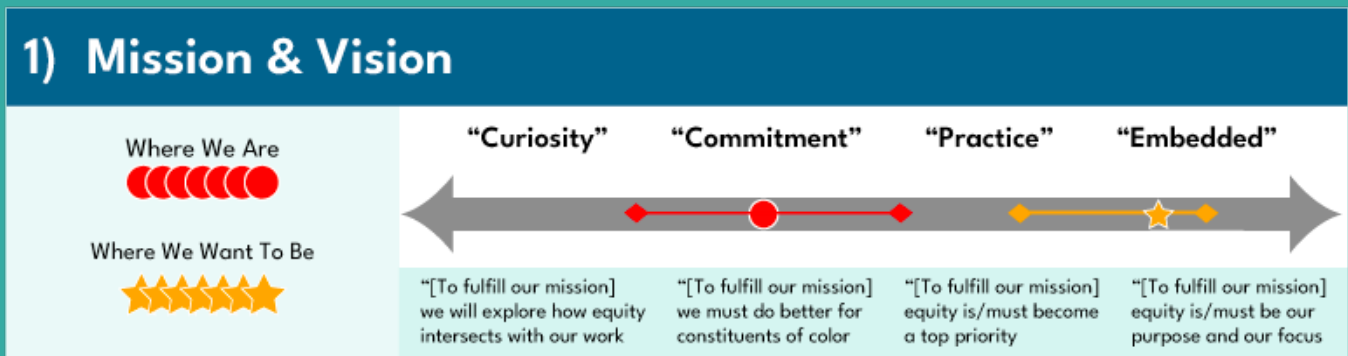


As an illustration, here is an anonymized organization’s synthesis of OERT responses for all nine dimensions:



The red circle represents the average response of where the organization currently is in its equity journey, while the gold star represents the average response of where the organization wants to be in three years. The lines on either side of the red circle and gold star represent the range of responses. Depending on the type of work it does and the context within which it operates, each organization will have different goals for different dimensions. For example, in this organization, the average respondent wanted to reach the “embedded” stage in terms of Mission & Vision, and the “commitment stage” in terms of Finance & Operations. In general, the OERT encourages growth from left to right along this continuum while recognizing that priorities will differ by organization. Participating organizations liked how the OERT frames equity work as a continuum. For example, Ivory Clarke, the Equity and Inclusion Officer at the National Academy of Medicine, reflected, “What I appreciated about the OERT is the idea that it’s a continuum; it’s not about scoring low or scoring high, it’s more about where you’re at on the continuum and making progress along it.”

For each dimension, the OERT provides detail on what each phase of the journey looks like (e.g. for Mission & Vision):



Under this dimension, the organization assessed itself as being in the “commitment” stage of the journey and aspired to reach the “embedded” stage, where “equity is our purpose and our focus.”

For the Institute of Medicaid Innovation, there was considerable alignment among the staff who filled out the OERT. According to Raquel Donoso, the ELL coach who supported the organization through the process, “There were not a lot of outliers [in the OERT responses], or management feeling one way and staff feeling a different way, and that was reassuring for people to see that the organization was largely on the same page.” Jennifer Moore, the organization’s Founding Executive Director, felt similarly, saying, “We were in strong alignment, but we never knew that until we completed the tool, and there is value in knowing that as much as knowing if we were on different spectrums.” By contrast, Manatt Health had a wide range of responses on some dimensions, including Strategy and Human Resources. According to Ignatius Bau, the coach for Manatt Health, “This may reflect a common disconnect...between how organizational leaders view the status of DEI work — committed to it and advancing it — and how the rest of the staff perceive and experience the DEI work — not progressing fast enough or not addressing underlying issues.”

Facilitated Reflection and Discussion

With a synthesis of OERT results in hand, each organization held a series of discussions, facilitated by their ELL coach, to reflect on the findings. The OERT brought structure to these conversations, providing participants with shared language and experience and encouraging reflection on dimensions of equity work that they otherwise may not have considered. This facilitated discussion was key to making sense of the OERT results, building relationships between key stakeholders, and identifying pathways to deepening an organization’s equity work.

Typically, facilitated discussions occurred over multiple sessions. For example, Manatt Health’s discussions occurred over three 90-minute sessions, held over the course of three months, featuring the same group of leaders that engaged in the OERT assessment. Participants spoke to the value of having these sessions facilitated by external, experienced ELL coaches. According to Alice Lam of Manatt Health, “It was helpful to have an external voice [the coach] as part of that conversation, someone to say the hard things...Those conversations are hard and can be inherently uncomfortable...We all appreciated having Ignatius as an observer and a guide through that.” The presence of a coach also allowed all members of an organization to participate, which Ivory Clarke of the National Academy of Medicine greatly appreciated: “Ryan [our coach] led the facilitated discussion of OERT results, which allowed me to participate without having to facilitate so that I could really listen and hear.” Jennifer Moore of the Institute for Medicaid Innovation felt that the quality of the coach mattered tremendously in the success of the process: “If we’d had a different coach, it might not have worked so well, but Raquel [our coach] is amazing and really good at what she does...She’s really engaged and as committed as we are to the work...She brought structure to every session.”



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Jennifer Moore
Institute for Medicaid Innovation

Discussions based on the OERT also helped build relationships between staff members. According to ELL coach Eric Wat, “The tool is meant for relationship building...It’s a tool for having difficult conversations in order to understand each other and get on the same page.” According to Wat, this relationship-building function can be as important as the tool’s diagnostic function.

The importance of the OERT as a structured framework came up in interviews with coaches and participants alike and appears to be a big part of what makes it so valuable. According to Raquel Donoso, the coach for the Institute of Medicaid Innovation, “The OERT gives this work structure and gives us a starting point to begin to think about how equity can show up in different places...and to interrogate different parts of an organization.” Because the tool is structured across nine distinct dimensions, the OERT guides participants to discuss equity in all of its rightful places in organizational functioning. Leaders of participating organizations agreed with Donoso’s assessment. For example, Jennifer Moore of the Institute for Medicaid Innovation reflected, “It was such a useful starting point, to look at the OERT assessment across responses... It opened our eyes to things we hadn’t considered and expanded what we thought was possible. Without the OERT, we probably never would have initiated conversations about several of the topics included in the tool.” The Institute of Medicaid Innovation is a small organization without a formal HR department. According to Moore, the OERT’s HR dimension prompted the organization to consider what an equitable HR infrastructure would look like; establishing this infrastructure became a key goal.



Goal Setting Based on the OERT

In addition to structuring discussion on an organization's multidimensional equity journey, the OERT reflection and discussion process is designed to help identify specific, actionable goals for advancing equity. Typically, this has involved selecting a few dimensions of the OERT for particular focus in the near and medium-term and then making a concrete plan to advance the organization's equity journey along these dimensions. "You can't focus on everything," said Ivory Clarke of the National Academy of Medicine. "The OERT helped us really hone in on which areas to prioritize." Focusing on these priority dimensions, each organization was encouraged to make an Equity Continuum Plan (ECP), which specifically details how the organization plans to move from its current state to its desired future state.



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- Ivory Clarke
The National Academy of Medicine

Different organizations had different approaches to their goal-setting processes. For the Institute of Medicaid Innovation, for example, it was important to find a balance of "low-hanging fruit" and "stretch" goals. The organization selected the dimension of Human Resources (HR) as a priority, and then identified a set of concrete goals to move forward along this dimension. Under the category of "low-hanging fruit," the organization aspired to change its performance evaluation template to embed values of community and equity and to set up a 21-Day Racial Equity Habit Building Challenge for new staff joining the organization. Under this same HR dimension, a stretch goal was to reduce bias in hiring and to establish an equitable system for promotions and salary increases.

Manatt Health selected two dimensions for prioritization: Leadership & Decision-Making and HR. Leadership & Decision-Making became a priority because it was seen as foundational and would have rippling impacts on several other dimensions. HR was selected as a priority because the ELL offered specific resources, including coaching and technical assistance, on this topic. Under the Leadership & Decision-Making dimension, Manatt Health set a goal to "increase engagement and inclusivity of diverse voices in decision-making structures and processes." The first step here was to document and audit how decisions were being made within the firm. From there, Manatt Health sought to identify the decisions that most impacted equity for staff and clients and to develop policies and practices that would enhance inclusion in these decision-making processes. Under the Human Resources dimension, Manatt Health set a goal to "increase recruitment, retention, advancement, and satisfaction of Manatt Health attorneys, consultants, and staff who reflect increased diversity in race, ethnicity, and lived experience." This was based on discussions reflecting on the OERT, in which participants felt the firm did a better job recruiting racially diverse talent at the entry level, but struggled to retain and advance that talent.

For the National Academy of Medicine, the OERT survey and subsequent discussions revealed the need for a clearly stated set of shared values around equity. As such, the Culture & Values dimension became a key area of focus, with the organization setting a goal to “develop clearly articulated diversity, equity, inclusion, and antiracism values and culture statements.” To achieve this goal, the organization tasked an internal staff committee on racial equity with developing this values statement. These values have now been developed and the organization is preparing for their internal release, a source of pride for Ivory Clarke, who shared, “That speaks volumes in terms of how we’ve progressed in this work.” Another priority dimension was Learning & Evaluation, with a goal to “develop accountability metrics to measure progress towards advancing along the equity continuum.”

Implementing Plans and Measuring Progress

As of this writing, each of the four organizations profiled in this case study are still in the process of implementing their Equity Continuum Plans. Grounding and structuring this implementation, the OERT is designed to provide a consistent, long-term vision and to chart a journey that transcends leadership changes. According to Jennifer Moore of the Center for Medicaid Innovation, “The tool forced us to evaluate the long-term structures that need to be in place for the organization, beyond the life of me, beyond the life of the team.” While these four organizations are not yet at a stage where they are measuring progress against their Equity Continuum Plans, the OERT can help support this function and some organizations intend to use it in this way. For example, the County of San Diego Public Health Services Department plans to administer the OERT survey every two years to see how the organization has advanced in its equity journey, and to make strategic adjustments and improvements accordingly. Dr. Wilma Wooten, a Public Health Officer with the Department, shared, “We see the value in continuing to use the OERT to track progress, to keep pushing to that ‘embedded’ stage across all of the dimensions.” In addition, the County of San Diego plans to administer the OERT as a county-wide survey, including staff across all departments. While Manatt Health has no immediate plans to conduct another OERT assessment, Alice Lam is interested in this possibility: “It would be fascinating to revisit this — how would we re-rate ourselves on the continuum? Where did we not make as much progress as we hoped to make, or maybe, where did we surprise ourselves and make more progress than expected? I think that would be a very useful reflection for us down the line.”

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- Alice Lam
Manatt Health

Challenges and Lessons Learned

While each organization spoke to the tremendous value of the OERT, the process was not without challenges. One universal challenge was time. Despite the value participants found in this process, capacity constraints were a constant reality. According to Alice Lam of Manatt Health, “It was challenging to find the time to focus on the work you need to do [in the OERT process]...That’s why we had to spread the process out over three months, because at times this does get deprioritized when you have client demands or other things that come into play.” The County of San Diego Public Health Services Department shared a similar perspective, with Dr. Wilma Wooten saying, “The original timeline needed to be extended an extra three months in order to ensure the appropriate stakeholders could participate.” Despite wishing the process could move faster, the participating organizations found the ELL coaching and infrastructure very helpful in keeping to a planned schedule. When organizations did carve out time to engage in the OERT process, they found that time to be well spent. According to Ivory Clarke of the National Academy of Medicine, “It [the OERT process] gave staff an opportunity to be reflective in a way that’s hard to do in the day-to-day.” And use of the OERT was seen as accelerating organizations’ equity journeys, with Jennifer Moore of the Institute for Medicaid Innovation sharing, “The tool expedited the process...Without it, it would have taken longer to get to the same place.”

Participating organizations also expressed a desire for more concrete ideas and examples to help them move forward along their equity journeys. This is not necessarily a limitation of the OERT itself, but perhaps an area for growth in pairing the OERT with the broader suite of ELL tools and technical assistance. Ignatius Bau, an ELL coach, reflected, “I see the OERT as a diagnostic tool, an assessment tool; it’s not necessarily intended to be a strategy or solution development tool.” For some organizations, this presented a challenge. According to Jennifer Moore of the Institute for Medicaid Innovation, “The OERT is excellent, but there aren’t necessarily resources in the ELL that are linked to each of those dimensions in the tool...If I were to create an ELL 2.0, I would pair the tool with resources so that when you choose a dimension to focus on, there are clear resources and support.” Raquel Donoso, another ELL coach, concurs: “I think the examples in it could be even better...We could probably do more teasing out of what you could concretely do under each dimension.” This is another area where the role of coaches is key: identifying which resources to bring to bear based on the goals and circumstances of a particular organization.

I see the OERT as a **diagnostic tool**, an assessment tool; it’s not necessarily intended to be a strategy or solution development tool.

– Ignatius Bau
Health Equity and Policy Consultant

Conclusion

The OERT has proved to be a valuable resource for organizations looking to assess the current state of their equity work, to envision a future state where equity is more fully integrated in organizational policies and practices, and to chart a course of action in their ongoing equity journeys. Designed to be flexible, the OERT can collect perspectives via surveys, individual responses, and small group discussions that can be tailored to meet the circumstances of a diverse array of participating organizations. The value of the OERT lies in its ability to provide structure to complex and sensitive conversations, to help build relationships between staff, and to encourage organizations to think about equity in aspects of their work that they may not have before. Coaching and facilitation support are critical to the OERT process, providing an external voice to keep the process on track and to help navigate potentially difficult subject matter. As organizations proceed on their equity journeys, the OERT can provide a mechanism to measure progress against goals and to develop a shared understanding of the equity journey that transcends leadership and staff changes. Other case studies in this series expand upon the OERT's pivotal role, including one that explores how organizations selected a starting point for advancing their equity work. As more organizations use the OERT and proceed on their equity journeys, the ELL will continue to document and share those experiences, refining the tool and accompanying resources based on the needs of participants.

