REFLECTIONS ON ANTIRACISM IN ORGANIZATIONS SERVING PEOPLE WITHOUT HOMES
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I. Introduction

There is no such thing as a nonracist or race-neutral policy. Every policy in every institution in every community in every nation is producing or sustaining either racial inequity or equity between racial groups.

Ibram X. Kendi, How to Be an Antiracist

The National Health Care for the Homeless Council received our first phone call about how to prepare for COVID-19 on February 27, 2020. Almost immediately thereafter it became our top priority, as it did for the whole world. This took place in the middle of the Council’s second cohort of a learning collaborative of nonprofits focusing on issues of diversity, equity, and inclusion, which enabled participants to process the
pandemic through a racial equity lens together. As the crisis reached peak urgency, our members told us, institutional support for ongoing racial justice work faded. Many staff equity committees were explicitly instructed to stop meeting. While not shocking, this was disheartening to hear because crises reveal our true colors. As Marc Dones wrote on March 27, “if equity is only your priority in times of ease and surplus then it was never really your priority.”1 Predictably, COVID-19 accentuated our societal failings.

On May 25, Derek Chauvin knelt on George Floyd’s neck, choking the life from him: an act that precisely symbolizes the violence of structural oppression. The aftermath sparked a global uprising even the most cynical of advocates would characterize as monumental. Dozens of NHCHC members released statements of solidarity, some going as far as pledging to become antiracist organizations. George Floyd (and Breonna Taylor, Ahmaud Arbery, and dozens of others) is a symbol for a reckoning with how our policies and institutions may be complicit in the persistence of racism in our country.

This document is inseparable from this broader context. Whether the 2020 uprisings (and their backlash) inspired or reignited one’s interest, readers know there is much work to do. But attention to this issue does not constitute a roadmap; some may, in fact, be overwhelmed.

More often than not, others feel likewise.

The National HCH Council gathered two cohorts of direct-service organizations from 2018 to 2020 in learning collaboratives to explore diversity, equity, and inclusion (DEI)1 in homeless services, focusing on confronting institutional racism in direct-service nonprofits. Even the most progressive participants in these learning collaboratives struggled and still do; this document reflects themes from these struggles. It is not a toolkit. Many toolkits on workplace racial equity already exist, and we try to avoid repeating those resources. What we hope distinguishes this publication from others is that it is grounded in the real-life experiences of Health Care for the Homeless health centers and other direct-service nonprofits in pursuing DEI internally. Rather than telling readers what to do, this presents what others have done and, in particular, where they faced obstacles.

As such, we have leaned into the contradictions, the tensions, and the risks of this work. As much as we describe what may help, we underline where some may falter. Some readers, therefore, will be frustrated by the absence of easy answers. That is okay. We encourage readers to sit with that uncertainty, because this work is complex and difficult, and there is always more to do. But while different recipes abound, to put it culinarily, they share many of the same ingredients. There are practical things everyone can do to make progress and we hope to identify many of those here.

1 https://www.nis.us/blog/0jpt3zevqsdwgd3hv2zv2n74xckhvz
Consider this paper an invitation. We invite our audience not to shy away, not to fix the problem as if it is a box to be checked, but first to understand. Get comfortable with discomfort and prepare for the long haul.

What is “DEI” and why is it important?

- **Diversity**: the presence of difference, of variation; in the workplace, variation of personal identities, backgrounds, experiences, abilities, and viewpoints.
- **Equity**: the world we aspire to in which our racial and other identities have no influence on how we fare in society. In contrast with equality, equity acknowledges that policies have an unequal effect on different groups so they must be tailored to equally benefit historically marginalized populations.
- **Inclusion**: a workplace environment that welcomes and celebrates difference, where staff can bring their full selves to work, where historically marginalized people are not just in the room but at the table, where their voices are heard and respected.

As a collective term, *Diversity, Equity, & Inclusion*\(^2\) refers to a growing “field” that primarily resides in Human Resources. It focuses on diversifying the workplace, examining policies and procedures for their effect on historically marginalized people, and training personnel on issues related to prejudice and discrimination. It is a generally nonthreatening, corporate-friendly term, which is also its weakness. While helpful in some contexts, DEI is palatable to many because it tends to stop at the first initial: increasing the percentage of people of color and other marginalized people on staff. This is not enough. Diversity is not the goal: it is a means (or some would say the byproduct) of creating equitable institutions. For the purposes of this document and the learning collaboratives it describes, DEI refers to efforts to subvert institutional racism.

**Racism** often connotes overt actions, terms, or ideas, such as using the N-word or burning a Black Lives Matter flag that was ripped from a church building. Frankly, this is how most white people specifically have been raised to understand racism, which suggests that avoiding the wrong words and disaffiliating from white-power groups immunizes one from claims of racism. This is both an incomplete and distracting understanding of racism. It is incomplete because what is most profoundly responsible for racial disparities are the policies that actively and

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\(^2\) Inspired by the term *Justice, Equity, Diversity, and Inclusion* used by National Health Foundation in LA, our learning collaboratives came to adopt JEDI as a better descriptor than DEI, along with Antiracism, inspired by the work of Ibram X. Kendi. In this document, however, we still use DEI as a more recognized term.
consciously discriminate against Black, Indigenous, and other people of color (BIPOC), in our systems (such as criminal justice, education, health care, etc.) and our institutions (organizations like health centers, Continuums of Care, and even the National Health Care for the Homeless Council). It is distracting because it directs claims of racism to specific individuals, effectively diverting attention from policies that are even more harmful. To be clear, interpersonal and internalized racism are real and important – we all have our own work to do to resist individual racism – but when we focus on the person, we ignore the systems and may overlook our own complicity in turn.

Quoted above, Dr. Ibram X. Kendi introduced a new framing of racism in his book *How to Be an Antiracist*. Angela Davis had said that in a country that devalues people of color, it is insufficient to be not racist: we must, then, be antiracist. Kendi takes this a step further in arguing there is, in fact, no such thing as not-racist. Policies, ideas, and actions either affect all people equally, and recognize the inherent equality between all groups, or they do not. There is no middle ground. This is the premise of the lessons in this document: if our institutional culture, policies, services, and staffing are not producing racial equity, they sustain inequity. It may be threatening to some readers, or at least uncomfortable. But it could, instead, be liberating.

In the height of the 2020 uprisings and related public dialogue, celebrated author Ijeoma Oluo tweeted: “The beauty of anti-racism is that you don’t have to pretend to be free of racism to be anti-racist. Anti-racism is the commitment to fight racism wherever you find it, including in yourself. And it’s the only way forward.” These words point to opportunity: let our fear of appearing racist, both personally and institutionally, no longer inhibit us. May we acknowledge our role in perpetuating racial disparities, move on, and get to the work of reversing them.

II. Establishing a Foundation

We each come to racial justice work from different starting points and want to be working toward a common future. Our journeys will look different based on our backgrounds, experiences, family upbringing and cultures. While this publication focuses on our organizations, institutions are composed of individuals with diverse backgrounds that have to work well together. In order to move organizations forward, teams must head in the same direction.

We recommend establishing a common set of principles and vocabulary to use in racial justice work. The following serves both as an example of such a statement and the premise for the rest of this paper.

SEE ALSO:
*Statement of Shared Values* by the National Racial Equity Working Group
• Racism is a driving factor in who experiences homelessness in the U.S.
• That Black and Indigenous people are the two most overrepresented groups in the homeless population is no coincidence; it is the legacy of enslavement of African Americans and broken treaties and genocide of Native Americans.
• White people’s experience of homelessness is tragic and unacceptable. We all bear the responsibility for our society’s failure to ensure their human rights. It is also true that white people’s race is at least a neutral factor in their experience of homelessness.
• The core of racism in the United States is white supremacy. The history, the structures, and practices of those in the U.S. rely on the assumption that white lives matter more than others. One does not have to be aware of this reality for it to be true, just as a fish is not aware of water.
• White people have an essential role to play in dismantling racism. They can choose to be antiracist even while all white people are benefitting from structural racism.
• The work against racism benefits everyone, including white people. “Nobody’s Free Until Everybody’s Free,” as Fannie Lou Hamer said.
• If approaches to ending homelessness that purport to be race-neutral favor white people, the way forward may call for services that are racially explicit.
• Even self-described progressive service organizations may be complicit in racism if they are not consciously resisting it. As agencies serving people without homes, a recognition of the racial inequity in the reality of homelessness requires that we center racial justice in the work to end homelessness.
• Conversations on racism in mixed-race groups can be triggering and difficult. Skilled facilitation (often from outside the agency) is strongly recommended for these essential and difficult conversations to take place.

What is the minimum history I need to know?

The National HCH Council and our community work at the nexus of homelessness and health care: two sectors with distinct legacies of racism that culminate in the housing and health deficits among BIPOC. Our learning collaboratives spent just one session reviewing this history, and many struggled to discern: how much is essential to know, and how do we integrate this education into regular onboarding? History is a framework. The details and dates are interesting, but the concepts are essential. For example:

• Race is a relatively new concept invented by European Christians in the 16th–17th centuries to justify colonization. As Ta-Nehisi Coates says, “race is the child of racism, not its father.”
• BIPOC have been denied opportunities to accumulate the generational wealth that white people enjoy because they have been

SEE ALSO
A Brief Timeline of Race and Homelessness in America

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3 Between the World and Me (2015)
systematically barred from access to voting, running for office, health care, and most notably, housing.

- Homeownership is the foundation of wealth accumulation, has been legally inaccessible to Black and Brown people until very recently, and continues to be withheld illegally.
- The government intentionally segregated American communities through a process known as redlining: delineating neighborhoods where government-backed mortgages could be approved (predominantly white) and where they are forbidden (predominantly Black).
- Fair housing laws have never been fully enforced and have even regressed in recent years.
- Treaties were broken. Dozens of Indigenous nations thrived on this continent before the arrival of European settlers. The story of Indigenous peoples is filled with unjust agreements between the federal government and sovereign nations that the government never honored, pushing Native people to ever-shrinking and under-resourced territories.
- The health care industry in the U.S. has a long history of dehumanizing Black and Brown bodies, and even today provider bias is a major driver of health disparities. Mistrust of the health system stems from this history of sanctioned medical cruelty. The health consequences of this past and current discrimination can too often lead to homelessness in turn.

III. Getting Organized

Many Health Care for the Homeless health centers and other direct-service nonprofits have a long history in DEI, while others are taking their first steps. Some may have already adopted explicit antiracism strategies, like making a public statement, training staff, or using tools to hire more equitably. But what is true for all organizations is that there are more steps to take and, more often than not, nonprofit leaders’ perception of that progress misrepresents the reality.

So, we start where we are, and to do that, we must determine where that is. The best way is through using assessment tools, which are widely available. The Council’s learning collaborative curriculum employed the Tool for Organizational Self-Assessment Related to Racial Equity by Coalition of Communities of Color as assigned

Related Recommendations:
- Stamped from the Beginning: The Definitive History of Racist Ideas in America by Ibram X. Kendi
- Medical Apartheid: The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present by Harriet A. Washington
  - Related animated short film: Segregated by Design
- The New Jim Crow: Mass Incarceration in the Age of Colorblindness by Michelle Alexander
- An Indigenous Peoples’ History of the United States by Roxanne Dunbar-Ortiz
- The Racial Wealth Gap Explained episode by Vox on Netflix
by one of our Oregon-based faculty. Assessment tools serve a few key purposes. First, they help identify priorities for antiracist action. While every part of one’s organization merits a racial justice audit, some areas may require more urgent change. For example, an organization may find that its public-facing work (communications, advocacy, etc.) already represents antiracist values, but it has no consistency in hiring practices, leaving candidates to the fates of their interviewers’ biases. These tools can help you determine that. Securing buy-in from decision-makers to invest in concrete changes may require hard data like this. Thirdly, it delineates the buckets of work. The tool noted above uses these categories:

- Organizational commitment, leadership, and governance
- Racial equity policies and implementation practices
- Organizational climate, culture, and communications
- Service-based equity
- Service-user voice and influence
- Workforce composition and quality
- Community collaborations
- Resource allocation and contracting practices
- Data, metrics, and continuous quality improvement

**Awake to Woke to Work** by ProInspire characterizes these domains of work as levers, parts of organizations that can be leveraged for racial equity. They include:

- Senior leaders: Individuals in a formal leadership role
- Managers: Individuals who oversee operations of teams
- Board of Directors: Governing body of an organization
- Community: Populations served by the organization
- Learning Environment: Investment in staff capacity
- Data: Metrics to drive improvements and focus
- Organizational Culture: Shared Values, assumptions, and beliefs

**Box A: The Limitations of Data**

More than in any period in recent memory, the homeless services sector is talking about racial justice. Continuums of Care are even required to demonstrate effort in this area. The recommendations for such work universally begin with data collection. We must analyze disparities in our populations. This is essential if for no other reason than those with the decision-making power to make requisite change are most likely to need convincing. But data collection alone is not antiracism. The overemphasis on running the numbers suggests that if communities do not discover disparities in outcomes then institutional racism is not a problem. Achieving proportionate outcomes is not the end goal. If one acknowledges that a policy is racist unless it is actively antiracist, compelling graphs and charts are unnecessary. Moreover, qualitative data always take a backseat to quantitative if they are mentioned at all. No measure of communities’ or organizations’ racial disparities is complete without asking unhoused Black and Brown people about their experience. Finally, it is no coincidence that data collection gets the airtime it does: it is the easiest part. What is hard is undoing racist policies.

For many, knowing on what to focus is the first step in committing one’s organization to take steps to promote DEI, and know which levers to engage to move the organization forward.
Forming a JEDI Council

For most organizations in our learning collaboratives, an interdepartmental staff committee or workgroup carries out the internal work of racial justice. Names of these structures vary: JEDI (Justice, Equity, Diversity, Inclusion) is a both playful and meaningful term our collaboratives came to admire; others include TED (Trust, Equity, and Diversity), DIG (Diversity and Inclusion Group), E&I (Equity and Inclusion), and TIARA (Trauma-Informed, Anti-Racist Alliance). What they have in common is serving as the internal structure directed to help identify strategies to move the organization forward in this work. Forming this group is often the first step organizations take, charging it to choose and conduct the assessment, though for others an assessment may have led to forming the committee.

Several themes emerged in our learning collaboratives on DEI committees:

- It is important for the group to represent different identities, especially in race and ethnicity. An all-white DEI committee is probably unequipped to make meaningful progress and is bound to make avoidable mistakes.
- In turn, an all-BIPOC committee connotes that antiracism is for Black and Brown people only, misplacing responsibility on oppressed people. Diversity of identities can mitigate this.
- Still, depending on the size of the organization, diversity of representation can be difficult to achieve. For majority-white organizations, their few BIPOC staff may feel extra pressure to diversify the committee (even if they prefer not to), and especially if there is a requirement that each department be represented. This creates undue burden that may not be overcome until the staff is more diverse.
- For most, serving on a DEI committee is extra work on top of already fulltime jobs. In health care organizations especially, administrative time for providers is scarce and every hour is “billable time.” It is challenging to navigate a commitment to this work on top of full plates.

Box B: Hiring a Chief Equity Officer

DEI committees often falter because the staff comprising the workgroup already have full plates; the committee work is accomplished in the margins of fulltime jobs. To mitigate this, a small but growing cohort of homeless services nonprofits are hiring Chief Equity Officers, or variants like VP of Equity and Inclusion. It is a major advantage to assign antiracism work to an experienced professional to lead one’s organization through the process. Indeed, all the Chief Equity Officers employed by Council learning collaborative members are Black women, who are arguably the most qualified to lead racial justice work. These agencies are also some of the largest, with the most resources, and for many smaller organizations retaining a fulltime equity professional at least seems unachievable. In fact, some racial justice advocates criticize the concept of a Chief Equity Officer, arguing that it shirks responsibility from the rest of the staff, especially senior management. It can also have the effect of characterizing equity and inclusion as a program, an initiative, as opposed to institutional culture change or organizational development. Regardless, Chief Equity Officers are often ineffective (and burn out) without meaningful authority, staff support, and strong and consistent backing by the CEO/Executive Director. Where this position sits in the organization chart signals to staff how much authority and support the position really has. We recommend that organizations only hire such a position if they are prepared to share power and make structural, possibly uncomfortable change.
The relationship between the DEI committee and management team can be complicated by the presence or absence of management staff on the committee. It is important that decision-making processes and responsibilities be clearly delineated in order to avoid miscommunication and conflict.

It matters who leads the committee. This work may be triggering for Black and Brown staff, and many would prefer not to engage for the sake of their own mental health. BIPOC staff may also have many meaningful reasons to be suspicious of white people who want to take a leadership role. At the same time, it is healthy for white staff to see Black staff leading the committee. Therefore, some have found it helpful to pair leaders of different races together.

Committees need structure to sustain momentum regardless of staff turnover, such as operating guidelines and a formal charge/charter.

DEI committees are often seen as ancillary. During the initial months of the COVID-19 pandemic, many agencies’ DEI committees stopped meeting at the instruction of senior leadership, suggesting that equity belongs to times of relative leisure, not crisis.

On Consultants

Someone once said of DEI consultants, “don’t do this work without adult supervision.” Many organizations hire racial equity consultants to help them navigate this process. Like DEI committees, some hire consultants as a result of an assessment or the racial equity plan, while others begin with a third party whose consultation leads to more groundwork. Lessons from our learning collaboratives on consultants include:

**Box C: What about other marginalized people?**

More than 30 national nonprofits that work to end homelessness have committed to centering racial equity in their work. The rationale is simple: historical and structural racism are principal drivers of homelessness in the first place. The disproportionality of Black and Indigenous people in the homeless population is profound. The dearth of BIPOC in the management of homeless services organizations is a serious problem. But some may rightly point out that structural homophobia/transphobia and heteropatriarchy are similarly influential in the experience and extent of homelessness and poverty for both clients and staff. So how do we center racial justice without overlooking other forms of oppression?

First, notice from where this question arises. It sometimes comes from a desire to justify evading an uncomfortable conversation around racism. And sometimes it comes from a person in another marginalized group that is concerned that their experiences and need for justice will be overlooked (e.g., sexism, ableism, homophobia, etc.). These forms of oppression are tragic and must be dismantled as well. But working to dismantle other forms of discrimination must not distract from the centrality of oppression based on race in our society. No other form of discrimination contributes to poverty continuing in a family or community as much race does.

Second, this is a great question! Most DEI efforts represented in the learning collaboratives were not exclusively about racial equity. Chief Equity Officers are not Chief Antiracism Officers specifically. However, racism is so fundamental to U.S. society and so central to the tragedy of homelessness that it requires our specificity and focus. Indeed, the practice until quite recently of remaining broad in our narrative about homelessness served to overlook racism altogether. We must achieve both: naming antiracism as our focus in a commitment to dismantle all forms of structural oppression in ourselves, in our organizations, and in our society.
• Regardless of the scope of their assignment, consultants can be valuable because they bring an informed outsider’s point of view to the situation. Because conversations about racism are often charged and painful, an outsider can perceive things objectively, naming the pain points with less fear of reprisal.

• While consultants’ distance from the organization’s culture is an asset, it can also be a liability. It takes time for the consultant to understand the organization’s culture and intra-staff dynamics adequately to develop an appropriately tailored strategy.

• The effectiveness of changes that consultants recommend depends on management’s commitment to carrying them out. Too often hiring consultants is a mere gesture on the part of leadership. If that is the case, it can lead to cynicism and distrust about organizational commitment to change in this area, making future efforts more difficult.

• Consultants are expensive, and some organizations prefer other uses of their limited DEI budgets.

IV. Talking about Racism at Work

While necessary, talking about racism within a multiracial staff is difficult. White people are generally uneasy in conversations about racism because they are raised to believe it is impolite to do so, or they just have not been engaged in any conversations at all. Unaccustomed to this dialogue, and fearful of appearing racist, white people are often fragile. For Black and Brown people, on the other hand, avoiding all conversations about racism is impossible. Black children in particular are given the talk at a young age, for example. But just because people of color are accustomed to these conversations does not mean they enjoy it. For many, talking about racism is triggering: the lived reality of racism is already difficult to bear, so they would rather not intentionally open a wound or witness the ignorance and prejudice of their white colleagues. Moreover, workplace power dynamics and fear of reprisal prevent many from speaking up or being fully honest when they do. Because white people are less likely to suffer reprisal when calling out racism in the workplace – and people of color are tired of being the only ones to do so – white people can display white allyship by pointing out racism at work. And it is often problematic when they do.

How do we navigate these tensions? Some advice exists:

“I personally felt, being a person of color, having authority figures that were white made it extremely challenging to try and do the equity work as a group... It always felt like that hierarchical system was just in place. Even if it’s trusting and if it’s safe, there was something about going into this work as a group having it try to be led by figures of power that made it just seem a little more uncomfortable. There were even a few things where I, who had had experience facilitating equity work, wanted to try and jump in and contribute to the team, but that dynamic and that power structure is so present in the everyday goings on in the office setting.” Anonymous HCH Leader

4 See White Fragility by Robin DiAngelo
5 https://slate.com/human-interest/2020/06/white-parents-the-talk-racism-police-brutality.html
Skillful facilitation is key. Structured conversations about racism in mixed-race settings require an experienced facilitator who is conscious of microaggressions and tone, and the ability to draw needed comments out while respecting the desires of some to remain silent.

Honor personal experience. One can dispute arguments or interpretations of events but cannot question someone’s experience.

Focus on systems over individuals. Interpersonal racism is important and real, but conversations about racism are more productive when the locus is structures and institutional policy.

Do not ask BIPOC to represent their people or to be experts on DEI. Black people are inherently experts on their own experience of racism but are not automatically DEI experts.

White people should remain conscious of their motives when speaking about racism in mixed-race settings at work. Monitoring their ego, they should be conscious of whether they are seeking attention and praise, or whether they are anxious about what BIPOC colleagues in the space are thinking.

Too often, white people get paralyzed and give up after being corrected. Offer a sincere apology then keep moving forward.

Consider creating caucuses or affinity groups.

**Box D: Size Matters**

Our learning collaborative members ranged from nonprofits with 20 staff to public health departments with 9,000, and we discovered advantages and liabilities with both extremes. Smaller organizations are more agile. They can make agency-wide decisions more quickly because there are fewer moving parts. Small organizations are more likely to facilitate the necessary trust and relationship-building that is so crucial to racial justice. However, they have smaller budgets with less to invest in consultants or books, for example. They also struggle with anonymity: if one wants to compare employee satisfaction survey results between white staff and BIPOC staff, for example, it is easy to identify respondents.

Large organizations have the money. They spend big on consultants and are, in our experience, the only ones who can afford a Chief Equity Officer (see Box C). Sheerly by math, they have greater opportunity for diversity of numerous identities, and with more layers to the hierarchy, more opportunity for staff growth. But racial justice champions within large agencies (especially public entities) often feel burdened by this magnitude: too large to steer, too much bureaucracy in the way. Leaders of large organizations struggle to inspire hope for meaningful change, especially among BIPOC staff further down the ladder.

**Caucuses and Affinity Groups**

It is important for BIPOC to have space to talk with each other about the racism they experience and the changes they want to see in a safe space, which often means a space without white coworkers. Regardless of intentions, the presence of white people can complicate the conversation. While these discussions probably already happen informally, providing a structured space has been important for some organizations pursuing institutional antiracism. White people, on the other hand, need to practice conversations about acknowledging their privilege and the need for dismantling white supremacy. In order to process their feelings and ideas around the work without doing so at the expense of Black and Brown folks, it is often helpful for white people to also have all-white spaces. But this can be complicated, and much depends on the motivation for the all-white space. Consider these reflections from NHCHC members.
• Assume staff will be skeptical and concerned. One must successfully make the case for the validity of caucuses before they start, or else meetings will get bogged down in criticism of process.
• Allow ample time. One cannot rush this conversation, and an hour is seldom enough.
• Caucuses are usually made optional, which otherwise may be legally questionable. But note that those who opt in probably already have facility in racial justice conversations, or at least strong opinions, which may leave out the ones who need this education the most. So, caucuses are only part of the solution.
• The premise of caucuses is that we have distinct experiences and struggles in antiracism depending on our racial identities. BIPOC may need to examine internalized/unconscious racist ideas, for example, and process their experiences of oppression. White people may need to process their experience as beneficiaries of structural racism.
• It is natural for BIPOC to be suspicious, or at least curious, about the white caucus. As one participant said, “how can we trust what’s being said in the white group?”
• We must be clear that white caucuses are not meant to make white people comfortable. Instead, white caucusing exists for white people to ventila te their experiences and struggles and to hold each other accountable without people of color having to bear the brunt of it.
• Dedicate a resource (such as a behavioral health specialist) whom staff can consult after the caucus to process retraumatizing conversations.
• Allow mixed-race people to self-select where to caucus. Size matters here. Larger organizations enjoy the option of segmenting into more specific identities but remember to schedule them at different times so people can attend more than one (e.g., Black Latinx people).
• Commit to outcomes, not just conversation. Otherwise, all this difficult dialogue may likely culminate in just another painful conversation.
• As in all conversations at work, the influence of hierarchy is omnipresent, even in same-race discussions. Be aware that some staff will hesitate to criticize the agency or its leadership in the presence of their leaders.
• Determine ahead of time whether one’s caucuses aim to address the racism affecting clients versus your staff. We recommend starting with a focus on staff.

Caucuses are both difficult and powerful. As one health center leader said, “without the caucuses, we never would have gotten into as much depth of really challenging topics. If we hadn’t done that, I feel like we would have only skimmed the surface.”

“Having external facilitation was hugely important. Even if we had had the grassroots capacity within our team there still would have been these power dynamics that would have very much complicated interactions.”
Anonymous HCH Leader

Related Recommendations:
• Caucuses as a Racial Justice Strategy: What We Have Learned; JustLead Washington
• Dismantling Racism Workbook; page 73 on Caucuses; Western States Center

www.nhchc.org
Representative of antiracism as a whole, many will stumble in attempts to create spaces for conversations about racism at work. But not talking about it is no longer an option.

V. People and Culture\(^6\) (Human Resources)

*Diversity, Equity, and Inclusion* as a field is often assumed to belong to HR. The rationale is obvious: humans comprise institutions. It is difficult to imagine that an organization pursuing racial justice could be successful with a homogenous staff or with an influential contingent of employees who are hostile to these values. Moreover, the institutional policies and practices that recruit, train, retain, promote, and discipline that often traumatize and exclude potential and existing BIPOC staff reside in the HR realm, positioning it as a principal domain for change.

Diversity is essential, but on its own is just math. DEI in People and Culture certainly means ensuring equitable hiring practices, but simply bringing on more BIPOC is not intrinsically antiracist. Indeed, hiring Black and Brown people into an oppressive environment serves to tokenize their identities and potentially do more harm than good. To be genuine, DEI must extend beyond hiring. The following themes emerged from our learning collaboratives.

- Antiracist hiring strategies reduce opportunities for bias. Tactics include asking all applicants the same questions, having diverse hiring panels, and interviewers writing their notes before debriefing so one’s opinion is unchanged by others on the panel. Many will resist how robotic these practices can seem, but it is a small price to pay when the status quo yields inequities.
- Experts disagree on blind interviews. As one Black woman HR professional shared in our learning collaborative, she would rather her prospective employer embrace the fullness of who she is than ignore her identity. Mitigating bias is right because many organizational cultures continue to favor white people. In a certain sense, it is not that

\[\text{Box E: But the racism is everywhere else!}\]

Health Care for the Homeless health centers and other direct-service organizations often point to the systems that lead to the disproportionate impact of homelessness on People of Color. The racism is in the education system, the criminal justice system, the foster care system, in health policy, in housing policy and real estate, among other systems that feed into homelessness. This is true. It is also true that our individual organizations are complicit. Disparities in direct service contribute to the disproportionality we see. And even if outcomes were proportionate, racism is so entrenched in our society that it is our responsibility to dismantle institutional racism regardless. Moreover, individual nonprofits have more influence on these broader systems than they give themselves credit for. While prioritizing internal work, one might consider what levers exist to affect upstream systems.

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\(^6\) Thanks to NHCHC Board member Tanya DeHoyos of National Health Foundation for teaching us this term: *people and culture* is a more humanizing and holistic alternative to describing humans as resources!
organizations should remove bias from hiring processes (which is impossible to do entirely), it is that our bias should be towards inclusivity.

- Use jargon-free language in job postings and examine job requirements (e.g., does this really require a graduate degree?). Critics say that it is condescending to lower one’s standards in order to attract a more diverse applicant pool. But making jobs more available to more people is not to lower standards -- it is to recognize that those standards are often not related to the ability to perform the job and favor people with more access to education, prior experience, and affluent networks, who, in turn, are disproportionately white. The distinction is subtle but essential: removing background checks, for example, recognizes that the criminal justice system systematically oppresses people of color, disadvantaging them from many job opportunities. Organizational policies should counteract these oppressive systems.

- Equitable hiring guides suggest posting job openings on the websites of Black and Brown professional associations, such as the National Association of Black Social Workers. This costs money: a perfect opportunity to monetarily invest in DEI.

- Perhaps the most influential factor in employee satisfaction is their supervisory relationship. It is also where microaggressions and racist behavior often take place. Antiracist HR, then, means assuring supervisors/managers are conscious of racial equity and trauma-informed values.

- Prioritize lived experience. Especially in the homeless-services realm, one’s personal history with homelessness, poverty, mental health struggles, or substance use is an asset, not just for peer specialists but in every role throughout the hierarchy.

- Some organizations structure their interview questions to correspond with their institutional principles, prioritizing social-justice competency. At the same time, an echo chamber is unhealthy. Many believe that values should not be a litmus test for hiring and that newcomers to social justice ought not be excluded, but rather informed of the institutional values during the interview process and equipped once they onboard.

- Go all the way to the top. Organizations tend to rest on their laurels when they have achieved an overall staff makeup that is representative of their clients. But often BIPOC staff occupy the lower pay grades of the hierarchy while senior management remains overwhelmingly white (and male, straight, cis, etc.).

VI. Training and Onboarding

Whether one’s institutional commitment to racial justice originated from the top or the bottom, now one must translate this to everyone else. Health Care for the Homeless and similar organizations are already familiar with conveying systems-level, social-justice values to their staff. Trauma-informed care and harm reduction, for example, are seldom taught in health professions schools, so “HCHers” are accustomed to filling the knowledge gap. Similar training mechanisms apply to inculcating racial justice
values and, in fact, many recommend weaving them into other issues like trauma or Adverse Childhood Experiences, rather than as a standalone session. Consider these reflections from exemplary agencies on how to broach these subjects:

- Level-setting is important, but it means talking over some staff and preaching to the choir for others. Acknowledge to every new hire that we are all on a learning journey, constantly growing, and what matters is a commitment to forward motion.
- Focus on how clients and coworkers are expected to be treated. This is about setting the standard for meetings and communication, for patient care, and for representing your organization to others. Everyone is an ambassador for the agency.
- Intentional language is key. Onboarding should specify how we refer to the people we serve and what words facilitate an inclusive environment for marginalized people.
- Onboarding into DEI is most effective and genuine when tied to a foundational value of the organization. It cannot be a matter of opinion if it is a foundational principle. And if it is truly a priority, it is woven into everything.
- One’s passion as a mentor in the training or onboarding process is pivotal. Personal commitment to racial-justice values is infectious.
- Onboarding is for everyone. All new hires should be expected to receive the same training in racial-justice competencies.
- Be honest about where your organization is in its DEI journey.
- Research and experience suggest that one-off trainings do not promote meaningful institutional change. Organizations must create ongoing opportunities for staff to talk about these issues. In addition to periodic trainings, consider book clubs, caucusing, and events (e.g., for Black History Month, Pride, etc.). Racial justice practice is like a muscle that needs exercise.
- Show staff what DEI looks like in action, not just theory. Model from the top what it means to use inclusive language, design policies with the most vulnerable in mind, and side with the oppressed.
- The expectation should not be that everyone becomes an expert, but that everyone needs to know what the agency prioritizes. Ask staff what kind of training they need to support DEI work and invest in it.

VII. Racially/Culturally Explicit Services

For many of the same reasons to support caucuses and affinity groups (see Section IV), some organizations are considering racially explicit – sometimes known as culturally specific – programming. If services that purport to be colorblind produce inequity, then antiracist services acknowledge the need to respect the distinctiveness of Black and Brown clients, both in their experiences of homelessness and of services at our
organizations. Research continues to corroborate that BIPOC have better health outcomes when their providers share their racial identity.\(^7\) This is a challenge to health care agencies. Everyone wants white providers to provide excellent, culturally competent care to all of their patients. Indeed, barring antiracist reform in US medical schools, white providers will continue to be overrepresented. But it is also helpful to ensure BIPOC patients see providers who look like them.

Enter racially explicit programming: services designed by and for specific racial or ethnic identities, staffed by people of the same identities. The health care community is more accustomed to clinics or entire health centers that are LGBTQ-specific, which reflect a similar principle, but differentiating races is inherently uncomfortable in a "colorblind" culture. One of few examples of these programs, Central City Concern in Portland, Oregon created Imani Center and Puentes when they noticed poorer outcomes among African-Americans and Latinx people in different programs.

**Imani Center\(^8\)**

In 2015, Central City Concern combined its African American mental health and addictions programs to address the growing disparities for African Americans. With enhanced resources, CCC was able to establish the Imani Center. The name Imani, meaning “faith” in Swahili, was chosen to remind people to have faith in themselves.

The Imani Center provides culturally specific and responsive Afrocentric approaches to mental health and addictions treatment, peer support and case management. The services at Imani also create honor within the participant, our services and the agency. The Center also connects program clients to housing, employment and benefits support, and natural support systems within their own cultural community.

The Imani Center consists of African American leadership and staff who provide group and individual supports, and pro-social activities in a culturally safe environment. This allows participants to authentically engage and address barriers that have previously limited their physical, emotional, spiritual and economic wellness.

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\(^{7}\) For a comprehensive overview of racism’s impact on health with supporting literature, see *The Impact of Racism on Child and Adolescent Health* by the American Academy of Pediatrics: https://pediatrics.aappublications.org/content/pediatrics/144/2/e20191765.full.pdf. See also *Minority Patients Benefit From Having Minority Doctors, But That’s a Hard Match to Make*: https://labblog.uofmhealth.org/rounds/minority-patients-benefit-from-having-minority-doctors-but-thats-a-hard-match-to-make-0

\(^{8}\) Verbatim from https://www.centralcityconcern.org/services/health-recovery/iman
While the Imani Center is not a housing program, we support clients who need safe and appropriate housing by providing referrals to those individuals who are actively enrolled and engaged in our services.

**Puentes**

Recovery is a difficult road. For non-English speakers, accessing services and understanding the roots of addiction is a greater challenge. When Latino families move to Oregon, they not only leave behind their relatives and friends but also their community and support networks.

Central City Concern developed the culturally-specific Puentes program to support Latinos in recovery in 2005. Puentes uses a multidisciplinary approach to provide alcohol and drug treatment and mental health care to individuals and to the entire family in a way that mitigates stigma and fear. Puentes staff are bilingual and bicultural; they understand Latino values, family roles and community structures helping Latino clients gain insight into cultural influences on behavior.

Puentes clients receive primary health care, a recovery mentor, a mentor for the entire family and a case manager to help with housing and follow up care. With treatment, support and shelter, the family or individual can move from crisis to stability and reunification.

**Reflections and Recommendations:**

- A virtue of racially explicit services is that clients can relax with the knowledge that they no longer need to conform to dominant culture, mitigating the hypervigilance that is a common expression of racial trauma. One leader of an Afrocentric program expressed this sentiment in saying, “What I hear from both clients and staff is that Black people, we’re loud. We laugh loud, we talk loud. [Our Afrocentric program] is a space where they can be just as loud as they want… Not having to explain that is so rewarding and so freeing to that community.”

- Organizations with culturally specific programs faced pushback in the early stages. In order to make the case, start with data that show disparate outcomes for BIPOC clients.

- HR professionals are often wary about recruiting staff of specific racial identities due to Equal Opportunity laws. The key is to be explicit about the kind of candidates you seek.

- Culturally specific programs should be spearheaded and led by staff of those identities, and they need ample institutional support from the top so that any problems that emerge are not borne solely by the program director, but by the entire agency.

*Verbatim from https://www.centralcityconcern.org/services/health-recovery/puentes/index.html*
• What happens when non-Black clients present for services at an Afrocentric clinic? Surprisingly, this rarely happens. The possibility can be mitigated by clear communication about the program’s intent.

VIII. Antiracism for Leaders

Meaningful progress toward racial justice is slow at best without consistent antiracist leadership. Even with a groundswell of grassroots momentum at the bottom of the organizational chart, resistant leadership will slow efforts if not halt them entirely.

Managers’ commitment to antiracism often makes the difference in organizations’ complicity in perpetuating racist systems and outcomes. While this paper focuses on institutional racism, this is personal for CEOs and Executive Directors because the organization’s culture is often synonymous with the executive. It matters for leaders to make a personal commitment to effect organizational change.

CEOs share some common responsibilities, but BIPOC and white leaders both have unique responsibilities and limitations.

Leaders Who Are Black, Indigenous, and other People of Color

Despite some progress, nonprofit CEOs and Executive Directors are still predominantly white, recent estimates putting the figure at about 87%. Regardless of how this compares to the for-profit sector, this means there is much work left to do to promote representation in nonprofit leadership. Closing the nonprofit leadership gap is crucial to moving the needle on dismantling racism in direct-service organizations. Leaders of color are more likely to pursue antiracist policies, cultivate an antiracist organizational culture, and speak compellingly about oppressive systems. Moreover, while representation has its limits, Black and Brown people in positions of authority encourages younger professionals of color that advancement is possible.

Limitations also apply. BIPOC leaders are often assumed to be racial-justice experts (hired by mostly white Boards of Directors) by virtue of their race. As Nova Reid said, “Black people are experts in their lived experience of racism. That does not automatically mean Black people are experts in Diversity and Inclusion (D&I) or Anti-Racism.”

But if we can assume that most CEOs of color have more facility in racial-justice work than their white counterparts, they still face unique obstacles. Put simply, Black leaders enjoy less respect than white leaders, what some refer to as “the Black tax.” They have

to earn the respect given to white leaders by virtue of their position. Anti-Blackness runs deep in US culture. When Black and Brown CEOs point out the need for antiracism efforts in an organization, some (staff, Board, community members or funders) may reflexively accuse them of **making everything about race or playing the race card** instead of listening to the concerns and the reasons for them.

Perhaps most importantly, Black and Brown leaders’ experience of racism is personal. When yet another Black man is murdered by police, it is not just a headline, it is personally traumatizing. BIPOC carry the trauma of racism in their bodies. So, when pressure mounts to respond quickly with public statements decrying racist policy or events, Black CEOs bear the additional challenge of overcoming trauma in order to show up for these meetings. It is often too much to handle.

**White Leaders**

White leaders have unique advantages inherent to their whiteness. This privilege can be considered currency, an unearned allowance. As one Chief Equity Officer said, “you’ve got to spend that privilege.” White CEOs are less likely to suffer reprisal for speaking out against racist policies and behavior, an advantage they should utilize. In general, white leaders are at more decision-making tables, their spheres of influence are more affluent, their decisions more likely to be taken seriously. This reality is unfair, but as long as it is the case, white leaders should use this influence to advance racial justice.

Paradoxically, it is also true that white leaders, in general, are less equipped to lead antiracism work. Especially in social justice organizations like Health Care for the Homeless, leaders may not acknowledge their own racism, but default by pointing to the noble nature of the work, or that X% of their staff are people of color. For good reason, Black and Brown staff are often skeptical of their white CEOs’ motives and/or capacity for racial equity work.

A distinct responsibility for white leaders is the difficult project of power-sharing with leaders of color. Antiracism for white leaders may mean dispersing decision-making and elevating emerging leaders among their staff. It means listening more than they talk. It means embracing being wrong. And at some point, it means getting out of the way.

**IX. Conclusion**

Dismantling institutional racism is a long, hard journey; this is a marathon, not a sprint. Four hundred years of racism that lurks in every corner of our society will not be undone by a committee. It will not be reversed with a public statement. It will linger whether your CEO is white or Black. But we have, can, and must make progress.
We yearn for a world that is just and without homelessness and we cannot lower our standards. And we celebrate the small victories along the way. Specific policies have led to much of the injustice in our country, so specific policies can help ameliorate it. There is hope for meaningful change even as the need for change intensifies. So, we begin and take the next step, and the next. We persist.

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