

Leading Org Health Reviews That Actually Drive Change

A practical guide to leading organizational health reviews that drive cultural impact, leadership accountability, and lasting change.

Too often, the data on inclusion and belonging tells a clear story — and nothing changes. Not because leaders lack good intent, but because the process isn't designed to drive real accountability.

This guide helps you build one that does.

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Whether you're preparing for your first org health review or looking to make your existing process more effective, use this guide as a practical reference. Each step includes helpful guidance and common pitfalls to watch for so you can move from data review to meaningful, accountable action and build a culture where everyone can thrive.

1 – Ground in the Full Data Picture

Start with quantitative and qualitative data together — representation, belonging index drivers, attrition and promotion rates by gender and U.S. race/ethnicity, segmentation, and performance ratings. Understand the story before reaching for solutions. Survey comments and listening sessions add critical context.

Common Pitfall: Entering the review with incomplete data. Belonging scores without context lead to shallow diagnoses and the wrong solutions.

2 – Enable Your PBPs to Lead the Conversation & Action Planning

Your People Business Partners are closest to the data and the leaders — which makes them uniquely positioned to guide org health conversations and subsequent action planning. However, being close to the work doesn't automatically mean being equipped for it. Many PBPs haven't historically been expected to lead equity-focused conversations, which means they may not know how to spot opportunity areas in engagement data, recognize biased language during calibrations, or coach leaders to course correct in real time.

Before your org health review, ask yourself:

- Do my PBPs know how to read and interpret belonging and inclusion data?
- Are they comfortable challenging a leader's interpretation of the results?
- Do they have the language and tools to coach leaders toward concrete, equity-focused commitments?

If the answer to any of these is no — or not yet — consider having a DEI team member or external consultant partner with the PBP to co-lead the conversation and action planning. This is a great place to have a strong partnership and collaborate with your DEI team or consultant.

Common Pitfall: Assuming your PBPs are ready to lead this conversation without first assessing their confidence and capability to guide equity-focused work — and failing to bring in DEI expertise to help.

3 – Diagnose Root Cause Before Prescribing Action

Ask: "If this score reflects something real, how do you show up differently as a leader to shift the employee experience and increase the sense of belonging? What would your team see or experience that's different from today?"

Identify where gaps are concentrated by sub-group, tenure, or function, and be clear about which drivers are most within the leader's direct control.

Common Pitfall: Jumping to solutions before understanding the problem. Good intent without a clear diagnosis leads to vague commitments and surface-level action. And be careful about asking senior leaders to fix things they don't directly control — belonging must be owned at every level. Senior leaders should set direction and model behavior, not be held responsible for issues that require manager-level change.

4 – Commit to 1–3 Priorities, Written Like OKRs

Have leaders make no more than three commitments. They should be specific enough to track, time-bound, and written so both the leader and their team can confirm whether they happened. A listening session can be a starting point — but it shouldn't be the only commitment. Ideally, commitments are baked into existing work rather than added as "one more thing."

Common Pitfall: Vague commitments that sound good but can't be measured. If you can't confirm whether it happened, it's not specific enough. Also watch the timeline — commitments deferred to the next planning cycle lose momentum and erode trust.

5 – Cascade Commitments to the Next Level

Ensure senior leaders share commitments with their respective leadership teams, who then make 1–3 aligned commitments of their own. Belonging goals should exist at every level of leadership, not just at the top. Have leaders write commitments like OKRs so they're clear on what success looks like and when they've accomplished the goal.

Example Commitment

Objective: Create an environment where team members feel comfortable voicing dissenting opinions.

- **KR1** - Hold a listening session with direct reports within 30 days to understand the biggest barriers to speaking up.
- **KR2** - Introduce a "Disagreement Dialogue" section in all decision-making meetings by month one.
 - Add this as a standard part of the agenda.
- **KR3** - Personally follow up with one team member per week who voiced a dissenting opinion in a group setting to thank them and encourage them to keep contributing their ideas.
 - This could be publicly or privately. It can be as easy as a thanking them real time in the meeting or sending a follow up slack message. The key is to set a weekly calendar reminder to do this.

Common Pitfall: Treating org health as a senior leadership exercise. If commitments don't cascade down, the work stays abstract and employees never feel the impact.

6 – Share Transparently With the Entire Team

Have leaders share their commitments in an all-team meeting so employees can see and understand them. Embed commitments into performance goals and develop a shared dashboard or tracking slide to help make progress visible and provide the necessary accountability mechanism.

Name a 90-day checkpoint to maintain momentum and have the PBP/DEI Partner check in on progress, understand where leaders may need help or coaching, and to get feedback from the team on how things are going. A key part of accountability is having managers discuss progress toward goal completion during annual performance conversations or quarterly check-ins.

Common Pitfall: Missing accountability infrastructure. Without commitments tied to performance goals, tracked centrally, and a named checkpoint, org health reviews become annual rituals with no follow-through — and employees stop believing change is possible. Trust erodes. Scores don't improve.

Questions about how to lead your next org health review? [Get in touch.](#)