

APPENDIX A: Focus Groups

March 14, 2002

Dear CDC Staff Person:

MACDC and LISC began working with CDCs across the state over eight years ago, to address the concerns about the limited number of people of color working within CDCs, particularly at the mid and senior levels. Those concerns led to the establishment of the Community Development Apprenticeship Program (CDAP), the LISC AmeriCorps Program, the Minority Fellows Demonstration Program, the Minority CREDIT Program, and the Human Capital Development Initiative (HCDI). These programs, along with increased minority recruitment efforts by CDCs, have been successful in attracting and retaining larger numbers of people of color. However, more remains to be done.

We invite you to participate in a focus group to share your experience and perspective as a person of color, who has worked or is currently working at a CDC.

As part of our ongoing efforts to increase the numbers of people of color in CDC mid to senior level positions, MACDC and LISC will be talking to CDC staff of color – current and past – through focus groups, telephone surveys and one on one interviews, to better understand what programs or efforts have been helpful, what barriers still exist and what can be done to consolidate the gains we have made and continue our progress. We will also be talking with other CDC staff and leaders during this process.

These conversations and surveys will be used to enhance our existing programs or to develop new ones. Much of this work will be done as part of a Community Economic Development Project, which Pam Jones is undertaking through Southern New Hampshire University's (formerly New Hampshire College) Master's Program, to contribute to the community development field.

We plan to publish the results of the information that we collect from all sources later this year. All individual comments will be kept confidential, of course.

Please return the attached form via fax or email to Pam no later than Monday, March 18, 2002. I will confirm dates once I receive responses. If you have any questions or concerns, please contact Kathy at 617-426-0303 or Pam at 617-338-0411 x229. Thank you for your cooperation and support. We hope that you will participate in this important endeavor!

Pam Jones

Kathy Dalton

LISC

MACDC

QUESTIONS FOR FOCUS GROUPS

1. What do you like about working at a CDC?
2. Concerns about the limited number of people of color in management positions at CDCs led to the development of a number of strategies and programs – do you think they have helped? Are you satisfied with the number of people of color in management positions? Why or why not?
3. What are the issues or barriers that prevent people of color from being hired into management positions or from advancing into management positions?
4. Why do people of color leave CDCs?
5. Does the lack of knowledge about the community development field and the role that people of color have played in it affect whether people of color are attracted to or remain in the field?
6. What can be done to encourage more people of color to remain in the CDC field?
7. What can be done to help people of color currently employed by CDCs to advance into management positions?

Revised Focus Group Questions

1. Should more people of color be in management and leadership positions at CDCs? Why?
2. What factors (have) helped you to stay at your CDC? (Some folks are not at CDCs now)
Probe: What do you like about CDC work?
3. Why did you or why do you think people of color leave CDCs?
4. What issues or barriers prevent people of color from being hired or advancing into management and leadership positions at CDCs? Probe: One issue that has been talked about is the feeling that many CDC staff do not have much knowledge about other CDCs, or about the broader community development field, its history, the role of people of color in it. How many people feel this is true? If so, would this have any influence in attracting or keeping people of color in the field?
5. Do you know about the programs in place to help people of color enter or advance within CDCs? Probe: If yes, do you feel they have helped? Are you satisfied with the number of people of color in management positions?
6. What can be done to help people of color employed by CDCs to advance into management and leadership positions?

EVALUATION OF FOCUS GROUPS

This is the first of several participatory evaluations that I plan to do during the "CD 101" process. Please think about the following questions regarding the two focus groups held in March.

1. Did we do what we said we would do?

Yes. Goal was to hold 2 focus groups of 8-12 people of color to hear their opinions about the key barriers to retaining people of color and to their advancement into management/leadership positions in Boston CDCs.

2. What did we learn about what worked and what didn't?

Too many questions. Some questions seemed to be repetitive. Needed to separate retention from advancement – different, though related issues.

Needed to clarify barriers – particularly knowledge of CDCs. Maybe should have done voting earlier so as to have time for discussion, clarification.

3. What difference did it make?

Gave people of color an opportunity to talk about issues that don't get talked about. Created some excitement, interest among participants and others. Helped to begin new dialogue about barriers. May help to push CDCs around issues of diversity and racism.

4. What could we do differently?

More time to recruit – only people of color whose email addresses I had were directly notified. A few heard about it by chance. Hold more focus groups, at least one outside of Boston. Separate issues of retention and advancement. Explain CDC knowledge piece. Ask fewer questions. Allow time to discuss voting. Quicker follow-up.

5. How can we use the results of the evaluation for continuous (sharing with others, for ourselves for the future) learning?

TRANSFORMING COMMUNITIES: FROM OPPRESSION TO LIBERATION

*Increasing the Number of People of Color in
Community Development Corporation (CDC)
Management and Leadership*

CED 731 – Diversity in Organizations
Instructors: Sam Grant and Kenneth Webster

Pamela M. Jones
September 2002

Introduction

The community development movement traces much of its origins to the struggles of people of color and poor people – the Civil Rights Movement in the United States and the liberation struggles of people of color around the world. Indeed, in looking at the birth of the community development movement in Boston, one can point to organizations such as the Roxbury Action Program (RAP), the Greater Roxbury Development Corporation (GRDC), and the Roxbury North Dorchester Neighborhood Revitalization Corporation, organizations that were led by people of color and dedicated to serving their communities (of color).

According to Swack (1992), “A key element of community (economic) development is participation... How is development planned? Who is involved? What stake do members of the community have in the outcome of the development process?” These are critical questions for community development corporations (CDCs) in the City of Boston and throughout Massachusetts. For although many CDCs in the Boston area emerged out of grassroots struggles, today few can say that they are truly “of the community.” That is, while more and more cities and towns across the Commonwealth of Massachusetts are becoming increasingly “of color,” the state’s CDCs do not reflect this reality. Additionally, although ‘race’ and ‘ethnicity’ are the focus of this paper, clearly ‘class’ looms large as an issue as well.

The 2000 Census shows that Boston is now 51% of color, and that many of the neighborhoods in which CDCs operate are 70% or 80%, or more, of color. However, of the 30 Boston CDCs, fewer than 40% have people of color at the helm – and this includes three executive directors of color who assumed their positions within the past year.

In a 1998 statewide survey conducted by the Massachusetts Association of CDCs (MACDC), whites made up close to 90% of CDC management positions. Last year, the Local

Initiatives Support Corporation (LISC) released a survey of 16 Boston area CDCs which showed similar results. Blacks, Latinos and Asians were under-represented at the director/supervisor level, relative to their overall numbers in the Greater Boston community. Fifty-seven, or 70%, of the management of the 16 CDCs were white; six, or 14%; were Black; five, or 9%, were Latino; and four, or 7%, were Asian.

This paper will look at what must be done to change the existing state of affairs. I will discuss the process and results of two focus groups (part of my CED project research), which looked at the issue of under-representation of people of color in CDCs management and leadership and asked the participants – people of color – to identify the reasons for this. Then I will briefly lay out the next steps in my project research. Finally, I will describe my theory of change for transforming my “community,” – community development corporations in Greater Boston.

Background

Career Paths is part of Boston LISC’s Human Capital Development Initiative, “the first large-scale investment to cultivate committed and skilled leadership for the field of community development (NCCED 1998: preface).” The Career Paths Program is designed specifically to help CDC staff of color to advance within CDCs. Many of the staff being targeted, some of whom have been working in their CDCs for over five years, are in entry-level or non-management positions. In looking at why they had not advanced, lack of skills or education (college degrees) seemed to be obvious reasons; but they were not the only ones. To many staff, the idea of advancement or of making a “career” within CDCs was a foreign concept.

Because community development is still a relatively new field, it is not well known to or understood by many people – even to many of the people who work within it. In addition, it is not seen as a high prestige career (DTI 2001).

Most CDC staff, particularly those in lower-level positions, end up at a CDC simply because they need a job. Once they arrive, they are usually “oriented” to their CDC and their job, but rarely beyond that. There is very little “formal” or even informal opportunity for CDC staff to gain an understanding of the larger CDC and community development world – how and why did it start? What role did various people and organizations play in it? How has it evolved, not only in Boston, but within Massachusetts, throughout the U.S., and even internationally? Few CDC staff have a sense of “the movement” of which they are a part.

Because of diversity efforts in many sectors, talented people of color are in high demand. CDCs often cannot compete with the salaries and benefits offered by the private sector or the public sector, although things have gotten better.

Another issue is the lack of established career ladders at CDCs. Most CDCs in Boston began as organizations with a few staff and a focus on housing development. As CDCs have grown and diversified their activities, there are many more opportunities for jobs and for building a career within CDCs, particularly if we consider that CDCs are an emerging industry. However, there is still no established way, no clear “path” to advance within CDCs.

Related to this, is the fact that many CDC staff do not have an understanding of the different types of jobs that are available and what people in those jobs do. Because individual CDCs are still relatively small organizations and there are no clearly established career tracks, the perception – and, in many instances, the reality – is that there is nowhere to go within a CDC if you want to advance – except out.

Finally, the impact of racism¹ cannot be minimized. Even for the few CDCs that may be conscious of and struggling with this issue, the everyday effects of institutional and personal racism can serve to stifle, frustrate or deny opportunities to people of color - impeding their development and their advancement opportunities.

This, then, is the backdrop to a process to better understand – primarily from people of color themselves – what the key barriers are to the recruitment, retention and advancement of people of color. The process began with two focus groups, which I convened. They took place on March 28th and 29th, 2002.

Focus Group Participants

Prospective focus group participants were randomly chosen – any person of color (except executive directors) for whom I happened to have an email address. Thus, most of the participants were people of color I knew due to their involvement in some human capital development program or training. In contacting prospective participants and executive directors (whose support I sought), I requested that they forward the email to other interested, eligible current or former CDC staff. Actual participants self-selected by indicating their interest in attending via email or telephone.

In all, twenty-three people of color participated in the two focus groups – twelve on the first day; and eleven on the second day (Table 1). Eleven of the participants were African-American; seven were Latino; three were Asian; and of the two classified as “other,” one was Cape Verdean and one was of mixed heritage – African-American and Puerto Rican. On day one, there was an almost even split – seven African-Americans and five Latinos. Day two was much more diverse, including three Asians as well as the two “other.”

¹ I use the People’s Institute for Survival and Beyond’s definition, RACE PREJUDICE + POWER = RACISM

Participants were predominantly women – sixteen of the twenty-three. Eight women attended on each day; the men were also pretty evenly split between the two days – four on the first day and three on the second.

Participants - twenty current and three former CDC staff - had been at their CDC anywhere from five months to ten years. The average length of employment was 2.8 years on day one – skewed due to two participants whose tenures were 6 years and 10 years. Without these long-term employees, the average slips to 1.8. The average on day two was 3.2 years – with one tenure of nine years. Without the nine-year employee, the average goes down to 2.6 years.

In terms of their positions, more than a quarter were interns (AmeriCorps and/or VISTA) or Minority Fellows,² most of whom attended on day one. Three of the interns had been at their CDC less than 6 month, further skewing the data. Six participants were classified as managers, four of them senior and three of whom attended on day two. The vast majority (74%) of the participants were non-managers. Participants represented sixteen CDCs³; that is, they were either currently working at or had worked at one of fifteen Boston CDCs or one CDC outside of Boston.

Also noteworthy were the ways that people found their way into their CDCs. Internships – Minority Fellows Program, AmeriCorps, VISTA or others, proved to be a popular means of entry for a number of participants. Many others found out about positions through friends or contacts in the field. A few cited ads or posters.

² Participants in MACDC's Minority Fellows Demonstration Program, a 16-month fellowship to train people of color for mid and senior level real estate development positions at CDCs

³ See addendum for list of CDCs

Focus Group Discussion

Focus group participants were asked to respond to the questions below:

1. Is it important that people of color⁴ be in management⁵ and leadership⁶ positions at CDCs?
2. What do you like about working at a CDC? What factors have helped you to stay at your CDC?
3. Why do people of color leave CDCs?
4. What are the issues or barriers that prevent people of color from being hired into management positions or from advancing into management positions?
5. Are you aware of the various programs that LISC and MACDC offer to increase the number of people of color at CDCs? How can these programs be improved?
6. What can be done to encourage more people of color to remain in the CDC field and to advance into management positions?

A summary of participants' responses follows.

Importance of people of color in leadership and management positions

Participants agreed almost unanimously (22 of 23) that it was important to have people of color in management and leadership positions at CDCs. One participant felt that it didn't matter, as long as the person was qualified. However, the vast majority of participants felt it was very important for a number of reasons. Simply because Boston is now majority of color and because the people served by CDCs (in Boston) are primarily people of color, participants argued that CDCs should reflect that. Many agreed that people who have a shared experience with the community (most often a community of color) being served by the CDC would better understand the barriers, challenges and opportunities in that community. One participant stated that if we

⁴ Defined to include people of African, Latin, Native American or Asian heritage

⁵ Having responsibility for budget, staff and/or program

⁶ Includes senior and executive level positions

want to eliminate oppression patterns, people of color must be represented as CDC leaders. Participants felt strongly that not having people of color in leadership meant that people of color would be less likely to be in other higher level positions within the CDC. Having people of color in leadership can help draw in other people of color. One participant spoke about his experience of wanting to do something for his community and wanting to learn from those who have had experiences growing up similar to his.

Participants spoke of the “message” conveyed when people of color are in leadership. It gives people of color the opportunity to help other people of color to help themselves. The community needs to see people who live in their neighborhood in management positions. It helps to create a level of trust. Otherwise, the community sees the CDC as coming to “help” them, but not as a part of them – the trust factor is not there. In fact, it creates a “mismatch” between the vision and the implementation. *(Author’s note: This notion of a mismatch is a keen observation, for it is a crucial part of what CED is all about – whose vision is it? who benefits? who decides? who controls?)* One participant, not from Massachusetts, talked about how she was appalled at the lack of people of color in leadership when she first came to Boston.

The issue (of people of color in CDC leadership positions) many agreed, was more about power, about having a voice. One participant commented that it was not just about having people of color in leadership – they needed to be the “right” people, those with an understanding of and a commitment to the community. Perhaps more important than race, some participants noted, was that the leadership needed to come from the community being served.

One participant raised the issue of qualifications. She described how when her CDC hires, the people tend to be white. She wanted to hire a person of color, but had trouble finding someone with the necessary qualifications. She added that once, she had hired someone simply because he was a person of color and it didn’t work out. This brought out responses from several

participants. One noted, “white peoples’ qualifications are presumed.” Racism, she contended, is bigger than the CDC world, but as a person of color, your qualifications are always questioned. She added, “I know that I would not have been hired if the director had been white, even though I was more than qualified for the position.”

What do you like about working at CDCs? Why do you stay?

In response to why they stayed at their CDCs – what did they like about working for a CDC – participants had a lot to say. For many participants, it boiled down to – “I make a difference in my community.” People loved the opportunity to work in their community, to serve their community. One participant described it as “soul work.” Another talked about CDC work as being a way of “answering a call to work for people of color.” For one participant, it was a matter of convenience – “I don’t have to travel!” Many participants noted that they were invested in the communities served by their CDCs. They felt like they were “part of the community, part of a family.” People liked the feeling of adding value to the community – of seeing the impact of their work. “It’s totally different from the private sector,” said one participant, “here you’re part of making a change.” One participant spoke of being told by a community person, “I’m glad you’re here.” The resident asked her to stay – and she did stay.

“Flexibility” was a reason for many participants. “I have the ability to do what I want in my program.” “I like the entrepreneurial environment.” “I get to strategize with other people who are passionate about the work.”

Contrary to what is often heard about working at CDCs, many people (perhaps because of the participant selection bias) mentioned the learning opportunities, the opportunities for professional development, for networking, for growth and for promotions. People talked about job satisfaction and the opportunity to build connections. One participant stated that she loved

the “culture” of her CDC – “ideas are valued and it’s not hierarchical.” Some participants also felt that their CDCs paid a decent salary. In addition, some people talked about the support they received from the executive director and the board for their work. Participants from both groups mentioned the fact that they felt that their work was valued, and that they were contributing towards the CDC’s agenda.

Several participants talked about their feelings of being role models – both within their CDCs and in the community. They saw themselves as being in positions in which they could influence others and bring in other people of color.

Finally, one participant noted that she enjoyed the dynamism in community development – the coming together of human service and private industry. She felt that CDCs offered a dynamic, exciting environment.

Why do people of color leave CDCs?

While many strong feelings came out as to why people of color stayed at their CDCs, people were equally as passionate about why people left – and why they themselves might leave at some point. Interestingly, although several participants had noted earlier that they felt they received decent salaries, a number of participants raised salary as an important reason for people of color leaving CDCs.⁷ “Survival,” one person said, “is difficult on a CDC salary.” Also, “the lack of resources of many CDCs,” one participant stated, “results in fewer staff and less job security.” “Bright people get laid off,” one person noted. And despite the fact that some people saw opportunity at CDCs, others felt the lack of opportunity was a major reason why people left. “Sometimes the only way up, is out,” according to one participant.

⁷ See Table 2

CDC “culture” was a persistent theme, particularly in the second group. One participant expressed that the organizational culture of CDCs doesn’t allow people of color to be themselves – “they must fit the pattern.” Several people talked about a “lack of respect” – both internally, towards them, and feeling excluded because of this; and externally, seeing a disrespect of the community. Being in a CDC with few other people of color was a reason for some people to want to leave their CDC. Also, many agreed that CDC expectations of people of color are very low. Having more people of color in senior positions was seen as one way to address this. Some people saw their CDCs as being too pre-occupied with funding and funder requirements. CDCs are becoming more corporate, some people felt – “sometimes the community gets lost.” Others saw CDCs as conforming to the outside world – not being holistic or fulfilling their missions. “CDCs are getting away from valuing those in the organization,” according to one participant.

For a number of participants, leaving their CDCs or seeing others leave was due to incompatibility – a change in leadership resulting in a change in values, loss of “team,” bad management; a mismatch between their personal mission and that of the CDC’s; outgrowing their job or outgrowing their CDC; workplace conflicts with co-workers and with their boss; etc. One participant saw white CDC staff as liberals who wanted to “do good for the natives.”

Participants spoke of a lack of communication between the senior staff and other staff. “How can you retain good people if you don’t have time to talk to them?” some wondered. One person mentioned the lack of a human resource department.

Participants also talked about the volume of work, the long hours and the burnout factor. One person expressed that she felt “tormented” by multi-tasking.

One participant talked about her frustration with trying to help people who are just about “getting over,” and don’t really need the CDC’s services. She feels that she is not always helping those who need the help.

An important point made by one participant was that she left her CDC, but did not leave the field. She contended – and many agreed – that people of color needed to be throughout the industry, i.e. at CDCs, at all levels of government, as funders, within the private sector, etc.

Barriers to recruitment and advancement

Next, focus group participants were asked about the barriers to the recruitment and advancement of people of color. One reason, which was felt strongly by a participant no longer in the CDC world (but still in the community development field) and echoed by a number of others, is racism. She felt that because CDC senior staff is not reflective of the communities served by CDCs, they have different perceptions about who is “qualified” or who will make a “successful” candidate. “CDCs,” she said, “seem to want a Masters degree in urban planning and nothing else.”

Participants felt that there was lack of support for people of color to advance. One participant spoke of having to explain to CDC leaders why a person of color should be hired. In several cases, participants saw people of color at their CDCs who they perceived to be available and qualified, but who seemed to face a “glass ceiling” in terms of advancement.

The notion of who is perceived to be “qualified” was a strong sentiment that came up in both focus groups. Participants talked about the constant questioning of their competence, while white people were automatically assumed to be competent. Some participants felt that there was a practice to “replace white staff with other whites.” Some felt that the “old boy network” was still around. Others saw their lack of education or language skills as barriers and that their CDCs were unwilling to invest in them. According to some participants, there is no “on-the-job training” at CDCs and there is a lack of “mentorship.” Also, some participants felt that there is the assumption that (in order to advance) you must have real estate experience and that people of

color don't have the technical capacity for higher level positions. At the same time, other participants acknowledged that development is "the heart and soul" of a CDC. An interesting observation made by one participant was that "there are many community people (of color) on CDC boards, but they don't understand real estate and are intimidated. They are not empowered to say, we want people of color in our real estate staff positions."

A number of participants felt that opportunities for growth were limited – particularly at small CDCs. One participant saw some executive directors as "serving for life." Also, people felt that people of color were targeted for certain jobs, i.e. organizers and outreach positions or office management, but not senior positions. One participant noted that it was hard for white managers to see people of color in positions other than what they were hired for.

A few participants raised the whole issue of recruitment. They questioned, where do CDCs advertise for their positions? Who screens the resumes? Are there different standards of evaluation of candidates?

Knowledge of LISC and MACDC programs and ideas for improving them

Participants were asked whether they were aware of the various programs that LISC and MACDC sponsored to help to increase the number of people of color in management and leadership positions. Most participants were aware of one or more of the available programs (this correlates with the selection bias). A few, however, had never seen program materials of any type. Generally, participants were supportive of the efforts being made to increase the number of people of color at CDCs, and particularly those efforts to increase the number of people of color in management and leadership positions.

In response to what could be done to improve the existing programs, participants had a number of suggestions. For most programs, participants noted, there were too few "slots"

(Author's note: for the most part, this is due to the difficulty in finding funding to support these programs). Noting AmeriCorps and VISTA in particular, but generally for all of the programs, participants felt that the pay was too low.

Participants also suggested broadening CDC recruitment efforts to target community colleges, universities, high schools and unions. Perhaps due to a longer explanation of the origins of my CED project with group 2 (the need for more education about the CED field and CDCs), there was wide agreement among these participants about the importance of raising awareness about the field. Participants suggested a one-day training to educate people already in the CED field – and not just for people of color.

Lastly, participants raised the need to improve internal communication within CDCs. Many felt that executive directors – for a variety of reasons – often did not share information with staff and did not think about how their staff might benefit from some of the programs available through LISC or MACDC or others. One person noted – “power, communication and information is concentrated.”

How to increase the numbers of people of color in CDC leadership/management positions

The final question posed to focus group participants was, ‘what can be done to encourage more people of color to remain in the CDC field and to advance into management positions?’ Participants saw that executive directors had a vital role to play in the advancement of people of color – “executive directors must be engaged.” Many thought that leadership development was not happening at CDCs. Specific suggestions included: an advanced learning track at the Master’s level, more resources for training programs, and explicit training for project management and executive management. In addition, participants saw a need for LISC and

others to develop programs to train current CDC management, noting: “some executive directors (supervisors) don’t have management skills.”

Participants again raised the communication issue. Reiterating that information about available training programs and other opportunities often doesn’t reach the people who are interested, participants suggested that more information be communicated directly to CDC staff. Marketing – not only sharing information, but also publicizing what we do – is necessary.

Supervisors also were seen as having a key role in the advancement of people of color. Having supervisors who gave recognition and were flexible and supportive was important. Participants also suggested mentorship, successor planning and sponsorship planning.

Several participants encouraged LISC not only to better engage CDC executive directors, but also to play more of a role in broadening this issue (of the under-representation of people of color) beyond just CDCs. People of color are under-represented in the field as a whole.

Participants agreed that people of color should do more “thinking outside of the box.” That is, if advancement opportunities are not present within CDCs, they shouldn’t be afraid to leave their CDCs to move up. But, they urged – stay in the field!

Participants affirmed that CDCs need to make this (increasing the numbers of people of color in management positions) a priority. They need to hire and promote people of color (into management positions) not “for the CDC’s image, but because they are committed.”

At this point a list of possible barriers to advancement was revealed. Participants given one red dot (signifying “very important”) and three blue dots (signifying “important”) and asked to ‘vote’ for what they saw were the biggest barriers that were preventing people of color from advancing into CDC management positions. The results are shown in Table 2.

Since the discussions and the voting clearly “speak for themselves,” I will make only a few comments. First, although these focus groups represent only a small sampling of people of color – 23 in total, they speak volumes about how CDCs are perceived and experienced by people of color. Their opinions should be taken seriously.

Second, it is noteworthy that of the 23 participants, only 6 (four of them as Minority Fellows) were involved in real estate development – the lifeblood of CDCs. This reflects the fact that there are few people of color in “core” CDC positions, i.e. project managers, development directors, etc. Also, the fact that many of the participants are most likely unaware that there is limited funder support for non-housing activities certainly impacts some of the concerns raised. Although participants are certainly justified in concerns about CDCs always going after the dollars – too often at the expense of the “community” – and operating “more like businesses,” few of the participants have to worry about “making payroll.”

Third, keep in mind that participants had only one dot (red) to identify which barrier they felt was most important. It is significant that no one saw lack of skills as a “very important” barrier; and that only two votes acknowledged lack of skills as even an “important” barrier. On the other hand, 5 participants in group two (nearly half) perceived racism as the “most important” barrier and another 3 (one quarter) in group one identified prejudice/racism as the “most important” barrier. Clearly, CDCs need to pay attention to this.

Lastly, participants recognized a host of barriers to advancement and retention. However, the biggest barriers, based on the number of votes, fell into three main areas: lack of support, lack of information and pay.

As the focus group discussions pointed out, many people of color feel they lack support from their supervisors. They don’t feel that their CDCs are genuinely committed to their advancement. They also thought that mentors could help them.

Lack of information was another dominant theme in the discussions. This ranged from not knowing how to advance – the lack of clear paths for advancement and the lack of information about specific skills and qualifications needed, to a lack of awareness of available programs and resources, to a general lack of knowledge about CDCs and the larger community development field.

Pay was also cited as a barrier, with two participants naming it a “very important” barrier. Interestingly though, in the discussions, some participants felt that pay was adequate or even pretty good.

Clearly, there are a number of barriers to advancement and retention. The focus groups suggest that there is no one simple solution. However, they do provide us with some guidance as to how we might proceed.

The next steps in my project research will include surveying a group of 50+ CDC staff, both people of color and white people; interviewing at least 5 CDC executive directors; and conducting telephone or face-to-face interviews with community leaders. I am also considering conducting 1-2 focus groups with other community development practitioners or community residents. I will use the information collected to draw some conclusions about what the key barriers to the recruitment, retention and advancement of people of color are. I will be reporting these conclusions to CDCs, LISC, MACDC and other interested people and organizations. From there, my goal is to move people to action. I plan to convene a group of stakeholders to develop and implement strategies for increasing the number of people of color in CDC management and leadership positions. Finally, I will develop both a fundraising plan and a marketing strategy.

Although I expect that some changes in CDC leadership/management will occur because of the strategies which are implemented; clearly, we must move beyond simply putting more people of color in place. First, it is not simply a matter of race or color. As one of the focus group participants remarked, “They must be the *right* people.” That is, they must be “of the community” and “for the community” – understanding the history, the people and the needs of the community and genuinely committed to working with and for the community. Second, having the “right people” in CDC leadership is not a goal in and of itself. *Community* development is about the community initiating, deciding, planning and leading development. Thus, having the right people in leadership is simply a prerequisite for true community development.

So, how do we truly transform CDC leadership? How would that change CDCs? And what impact would that have on our communities?

I have a vision of what Boston area CDCs should look like. Simply put, they would reflect our communities – multi-racial, multi-ethnic, women and men from predominantly low- and moderate-income families, with different languages, religions and sexual orientations – at every level of staff and board. They would be places that were welcoming and nurturing; where all people were valued and respected; where people had the expectation and the opportunity to grow and develop to their fullest potential. CDC leaders would foster an atmosphere of openness and trust and would promote dialogue around diversity, racism, privilege and oppression. Ongoing training around these issues would be mandatory for all CDC staff and board members. CDCs would be seen as the employers of choice. CDCs would be involved in every facet of community development and community-building. Their work would be well-known and respected for its quality and authenticity – always meeting the expressed needs and values of the

community. But, most important, our communities would be healthy - vibrant, safe, attractive places, where every individual had the tools and the opportunity to excel.

Of course, such a change will not be brought about by CDCs alone. Certainly, it will demand the commitment and action of many sectors of our society. However, because of their missions, I believe that CDCs should play a leading role in achieving this vision.

To begin to move from the current situation to the vision that I hold – in a sense, to move from oppression to liberation – will require a multi-pronged strategy:

- Recognizing and challenging racism, on both a personal and institutional level, within CDCs and within the community development field
- Forming a multiracial core of dedicated community development practitioners
- Building and strengthening partnerships with respected community leaders and organizations
- Training and developing more people of color to assume CDC leadership positions
- Institutionalizing community organizing within CDCs

None of the above will be accomplished easily or anytime soon. We have a huge task in front of us. However, the good news is that most of these tasks are already underway.

The Development Leadership Network (DLN) has already started the dialogue about racism within the community development field and is challenging other practitioners to join it. DLN, a national organization of community development practitioners, has not only raised the issue of racism in community development, but also has made the commitment to become an anti-racist organization.

The Fenway CDC has taken up the challenge, as have a few individuals from other CDCs. But clearly, the dialogue needs to be expanded. CDCs as a movement must acknowledge the role that racism has played, and continues to play, in our field. CDCs must begin to challenge racism first by participating, as board and staff, in “Undoing Racism” workshops and second, making the commitment to becoming anti-racist organizations.

There are many honest, caring, progressive community development practitioners within CDCs – both of color and white. We need to unite a core of individuals – led by people of color – who will dedicate themselves to transforming CDCs by building anti-racist organizations and creating a new CDC culture.

In the past few years, many CDCs have begun forming collaborations and partnerships with community-based organizations (cbos). This is a good thing. These partnerships need to be expanded and strengthened. At the same time, CDCs must examine the nature of these relationships – are they based on trust, honesty and mutual respect? Is the relationship valued by the CDC and the cbo? Does the relationship help to better serve the community?

Recruiting and training more people of color to assume CDC leadership positions remains an integral part of the strategy to transform CDCs. This includes not only staff positions, but board positions as well. But, as the focus group participants admonished, they must be the right people – people of the community, who understand and are committed to the community. While this paper has spoken at length about the importance of people of color in management and leadership positions as CDC staff, there is even a greater need for training for the community people, very often people of color, on CDC boards. Few would argue that most CDCs are led by executive directors who are rarely challenged by their boards. Few CDC boards have been adequately trained in either development or finance and so are not prepared to

truly lead. Thus, recruiting and training staff and board is a critical element of transforming CDCs.

Finally, making our communities vibrant, healthy, safe, and attractive places is the bottom line. To that end, community organizing is central – central to building and developing the people, to changing and improving low- and moderate-income communities and to transforming CDCs. The Rianne Hadrian Initiative for Community Organizing (RHICO), a program of LISC and MACDC, is about institutionalizing organizing in Massachusetts CDCs. Today, ten CDCs are participating. RHICO's goal is to help CDCs to "return to their grassroots" and to "build power." Through RHICO, hundreds of new leaders – many of them people of color – are rising to the fore. They are learning new skills and tackling the problems facing their communities. These are the CDC leaders of tomorrow – the ones who will transform their communities and their CDCs. Thus, we will begin to move "from oppression to liberation."

ADDENDUM

CDCs Represented By Focus Group Participants

Allston Brighton CDC

Asian CDC

Boston Aging Concerns-Young & Old United

Coalition for a Better Acre

Codman Square NDC

Dorchester Bay EDC

Fenway CDC

Inquilinos Boricuas en Accion

Jamaica Plain NDC

Lena Park CDC

Madison Park DC

NOAH

Nuestra Comunidad DC

Quincy Geneva HC

Urban Edge

Viet-AID

Table 1 - Demographics of Focus Group Participants

Group 1										
Participant	Race				Gender		# Yrs. at CDCs	I/F	Highest Level	
	Afr-Am	Asian	Latino	Other	M	F			N-M	Mgr
A	1				1		2.5	1		
B	1				1		3	1		
C			1			1	3		1	
D*	1					1	3		1	
E	1					1	.6		1	
F	1					1	0.5	1		
G	1				1		10		1	
H			1			1	0.4	1		
I	1					1	0.5	1		
J			1			1	6		1	
K			1		1		2			1
L			1			1	2		1	
Total	7		5		4	8	2.8	5	6	1

Group 2										
Participant	Race				Gender		# Yrs. at CDCs	I/F	Highest Level	
	Afr-Am	Asian	Latino	Other	M	F			N-M	Mgr
A				1*		1	4			
B				1**		1	9			
C	1				1		2		1	
D			1			1	4.5			1
E*	1					1	1		1	
F*	1					1	2		1	
G	1					1	0.5		1	
H		1			1		3.5			1
I		1			1		1.5	1		
J			1			1	4.3		1	
K		1				1	3			1
Total	4	3	2	2	3	8	3.2	1	5	3

Total										
Participant	Race				Gender		# Yrs. at CDCs	I/F	Highest Level	
	Afr-Am	Asian	Latino	Other	M	F			N-M	Mgr
	11	3	7	2	7	16	3	6	11	2

* Afr-Am/Latino

** Cape Verdean

**Table 2 - Perceived Barriers to the Retention and Advancement of
People of Color in CDCs**

PERCEIVED BARRIERS	Group 1		Group 2		TOTAL	
	Important	Very important	Important	Very important	Important	Very important
Lack of skills	2	0	0	0	2	0
Lack of knowledge about community development/CDCs	0	0	8	1	8	1
Lack of education	2	2	1	0	3	2
Lack of information about skills/qualifications needed for various jobs	5	0	4	1	9	1
Prejudice/Racism *	2	3	-	-	2	3
Prejudice	-	-	0	0	0	0
Racism	-	-	2	5	2	5
Lack of information about available jobs	5	0	1	0	6	0
Lack of support/mentor	3	2	8	1	11	3
No advancement opportunities	3	1	0	1	3	2
No clear paths for advancement	6	2	4	0	10	2
Sexism **	2	0	0	0	2	0
Pay **	6	1	5	1	11	2
Narrow thinking about qualifications needed to do job***	-	-	4	2	4	2

* Group 1 felt uncomfortable with both barriers listed together. They were listed separately for Group 2.

** Added by Group 1.

*** Added by Group 2.

BIBLIOGRAPHY

Chisom, Ronald and Washington, Michael (1997). Undoing Racism. The People's Institute Press. New Orleans.

Community Change, Inc. Newsletter. Community Changing. Fall 2002.

Development Leadership Network Quarterly Newsletter. DLN Perspectives. August 2001. Volume 6, Issue 2.

Jones, Pamela (2002). Southern New Hampshire University CED Project Proposal.

Local Initiatives Support Corporation (2001). CDC Employment Survey. Boston.

Massachusetts Association of Community Development Corporations (1998). Salary Survey.

National Congress for Community Economic Development (1999). People Like Me.

Swack, Michael (1992). Community Economic Development: An Alternative to Traditional Development. Unpublished paper presented at International Forum on Community Economic Development.

U.S. Census (2000).

APPENDIX B: Survey

Human Capital Development Initiative Questionnaire

In recent years, there has been a growing concern about the limited number of people of color who are in management* or leadership** positions at community development corporations (CDCs). These concerns are grounded in national data and in local information collected by the Local Initiatives Support Corporation (LISC) and the Mass Association of CDCs (MACDC). LISC's Human Capital Development Initiative (HCDI) is conducting this survey of selected CDC staff, other community development practitioners and community leaders to determine the extent to which people see these limited numbers as a problem and to identify the key barriers preventing the recruitment and advancement of people of color.

Please complete this questionnaire fully and honestly. All questionnaires will be treated confidentially. No names of individuals or CDCs will be associated with any of the data collected. However, the names of all informants who participate in the questionnaire will be listed in a report to be published, unless you choose to remain anonymous.

* Responsibility for budget, staff and/or program

** Includes senior and executive level positions

Human Capital Development Initiative Questionnaire

1. How long, in total, have you worked at this CDC or any other CDC? **Please choose one answer.**
☐ less than a year ☐ 1-2 years ☐ 3-4 years ☐ 5 years or more ☐ N/A

2. What is your race? **Please choose one.**
☐ African-American ☐ Asian ☐ Black ☐ Latino/Hispanic ☐ White
☐ Other _____

3. What is your gender? **Please choose one.**
☐ Female ☐ Male

4. Are you a resident of your CDC's target area? **Please choose one.**
☐ yes ☐ no ☐ not sure

5. What do you think it takes for people to advance within the CDC field? **Please choose all that apply.**
☐ skills ☐ education ☐ doing a good job ☐ knowing about the opportunities
☐ knowing the right people ☐ there is no advancement ☐ don't know

6. To what extent do you see the limited number of people of color in management/leadership positions within Boston area CDCs as a problem? **Please choose one.**
☐ not a problem ☐ somewhat of a problem ☐ a problem ☐ a serious problem ☐ not sure

7. What do you see as the single most important reason for the limited number of people of color in management/ leadership positions in Boston area CDCs? **Please choose one.**

<input type="checkbox"/> lack of skills	<input type="checkbox"/> lack of education
<input type="checkbox"/> lack of knowledge about the community development field and/or CDCs	<input type="checkbox"/> lack of information about skills/qualifications needed for various jobs
<input type="checkbox"/> lack of information about available jobs	<input type="checkbox"/> lack of support/mentor
<input type="checkbox"/> narrow thinking about qualifications needed to do job	<input type="checkbox"/> no advancement opportunities
<input type="checkbox"/> no clear paths for advancement	<input type="checkbox"/> pay
<input type="checkbox"/> prejudice	<input type="checkbox"/> racism
<input type="checkbox"/> sexism	<input type="checkbox"/> other (please list):

8. Which of the following do you think might be other reasons for the limited number of people of color in management/ leadership positions in Boston area CDCs? **Please choose three.**

<input type="checkbox"/> lack of skills	<input type="checkbox"/> lack of education
<input type="checkbox"/> lack of knowledge about the community development field and/or CDCs	<input type="checkbox"/> lack of information about skills/qualifications needed for various jobs
<input type="checkbox"/> lack of information about available jobs	<input type="checkbox"/> lack of support/mentor
<input type="checkbox"/> narrow thinking about qualifications needed to do job	<input type="checkbox"/> no advancement opportunities
<input type="checkbox"/> no clear paths for advancement	<input type="checkbox"/> pay
<input type="checkbox"/> prejudice	<input type="checkbox"/> racism
<input type="checkbox"/> sexism	<input type="checkbox"/> other (please list):

9.

10.

Comments/Questions:

☐ You may contact me for further information

Name: _____

CDC: _____

☐ Please do not list my name in any published report

CDC Management Diversity Survey Results (excerpts)

February 12, 2003

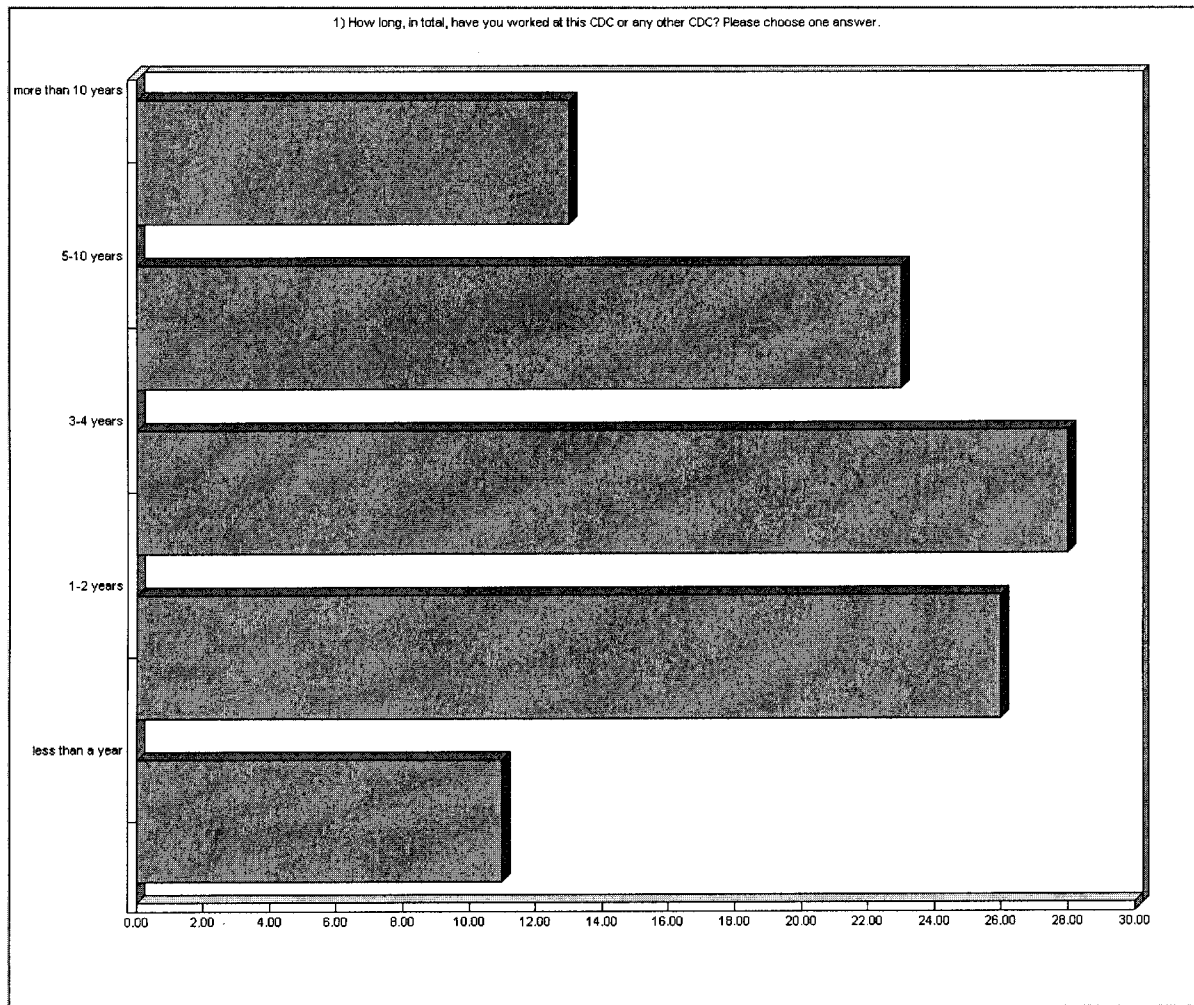
- Analyzing 47 responses.
- Presentation generated on February 12, 2003.

Prepared with assistance from The Sustainable Results Group, Inc. <http://www.srgconsult.com>



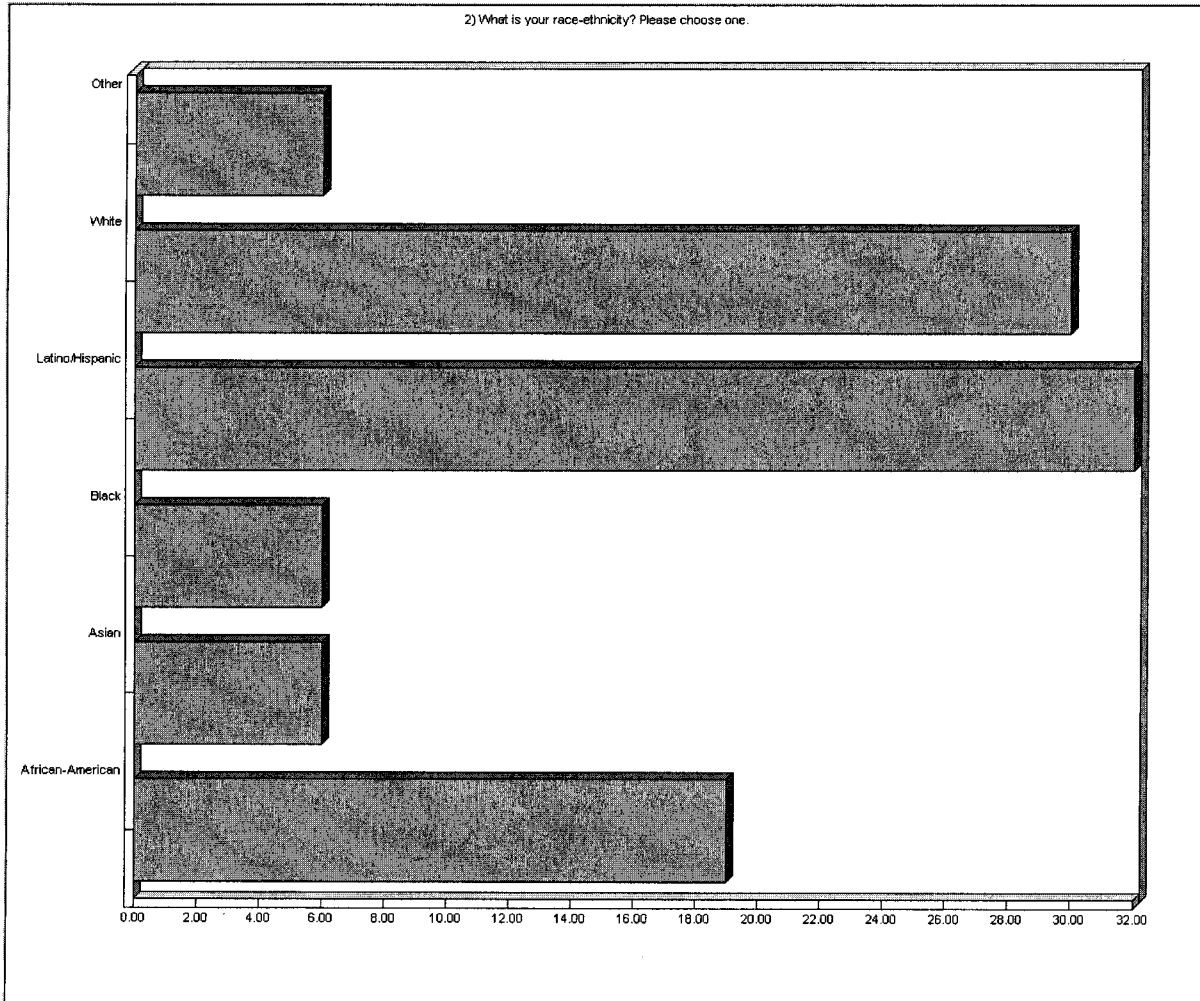
How long, in total, have you worked at this CDC or any other CDC?
Please choose one answer.

Choice	Count	Percentage Answered
less than a year	5	10.6%
1-2 years	12	25.5%
3-4 years	13	27.7%
5-10 years	11	23.4%
more than 10 years	6	12.8%



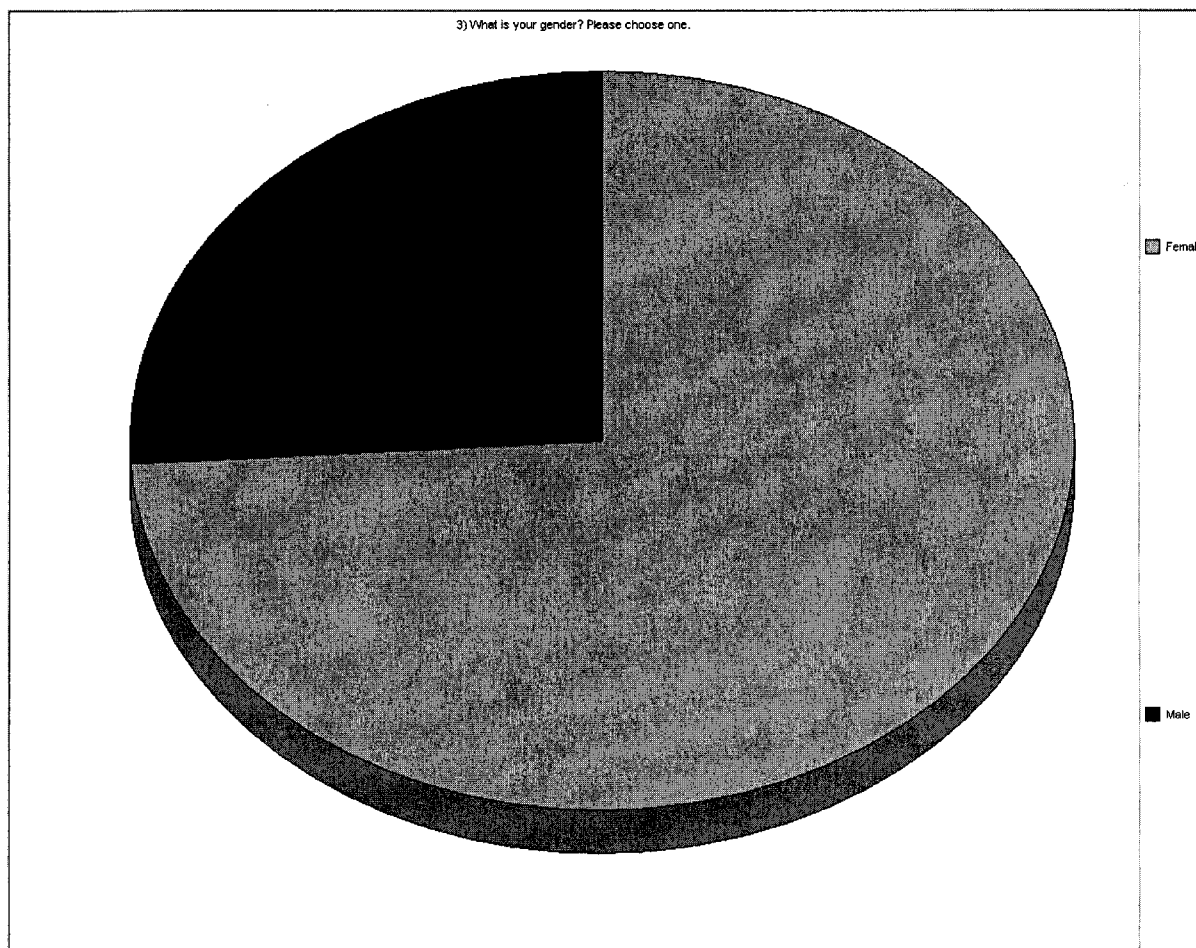
What is your race-ethnicity? Please choose one.

Choice	Count	Percentage Answered
African-American	9	19.1%
Asian	3	6.4%
Black	3	6.4%
Latino/Hispanic	15	31.9%
White	14	29.8%
Other	3	6.4%



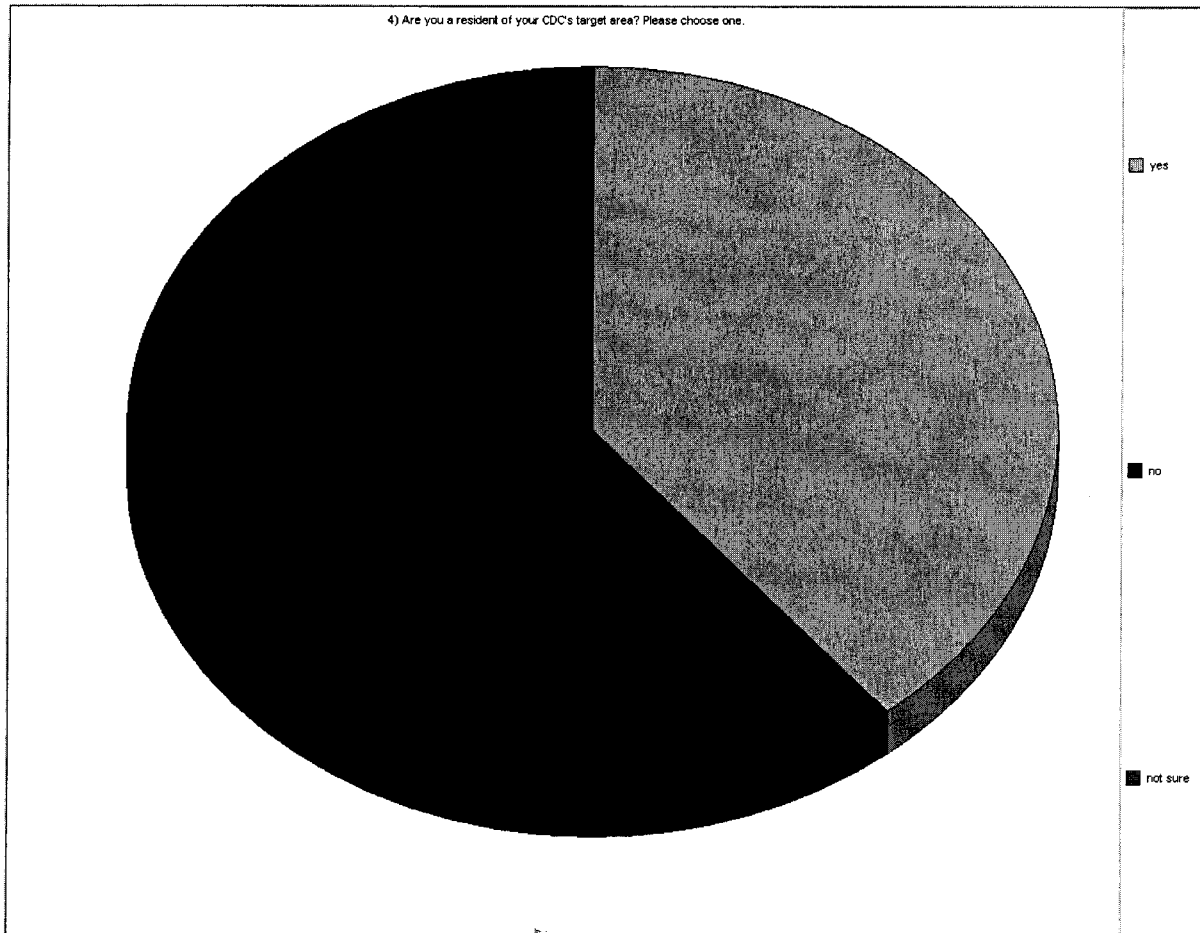
What is your gender? Please choose one.

Choice	Count	Percentage Answered
Female	35	74.5%
Male	12	25.5%



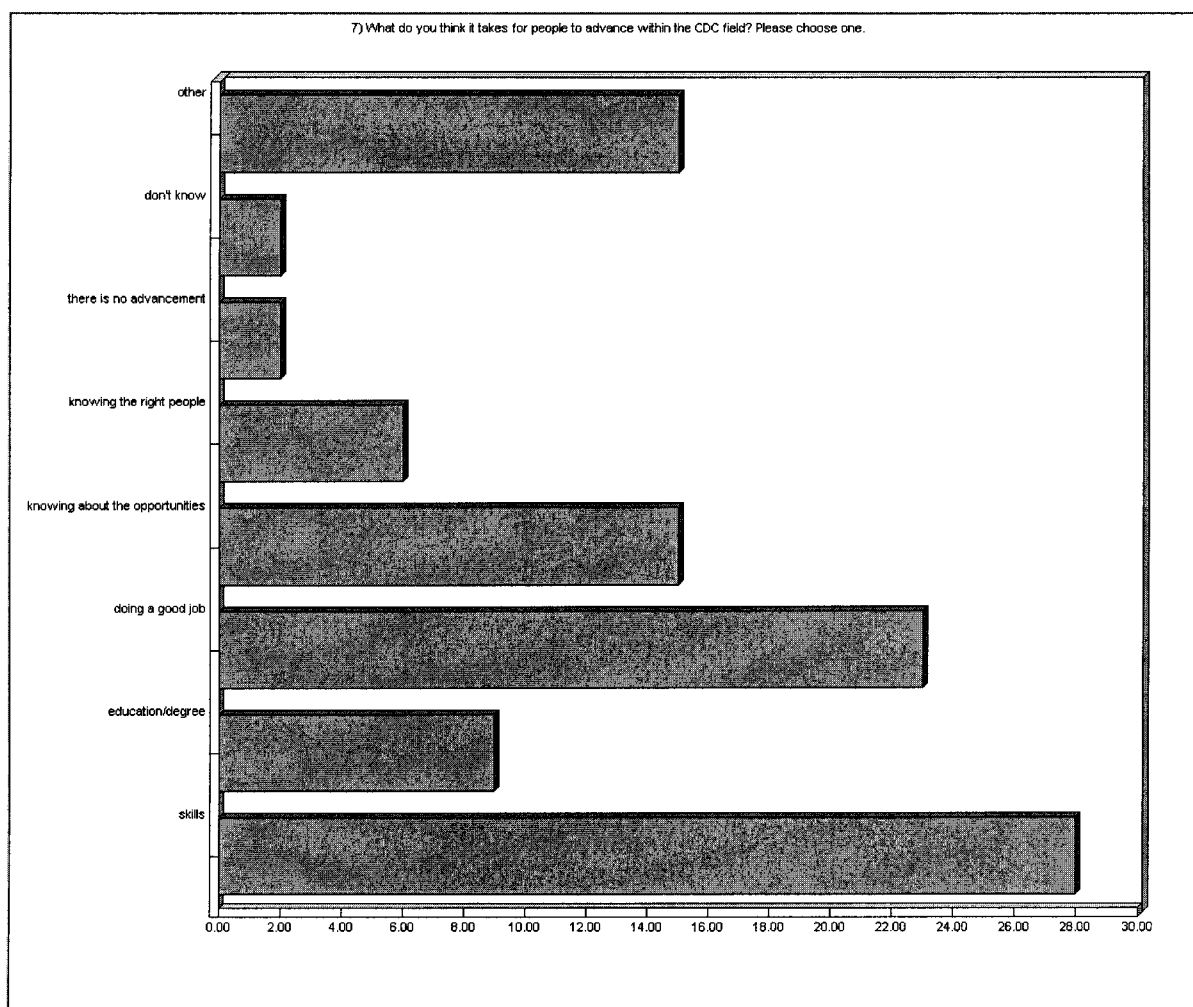
Are you a resident of your CDC's target area? Please choose one.

Choice	Count	Percentage Answered
yes	18	39.1%
no	28	60.9%
not sure	0	0.0%



What do you think it takes for people to advance within the CDC field? Please choose one.

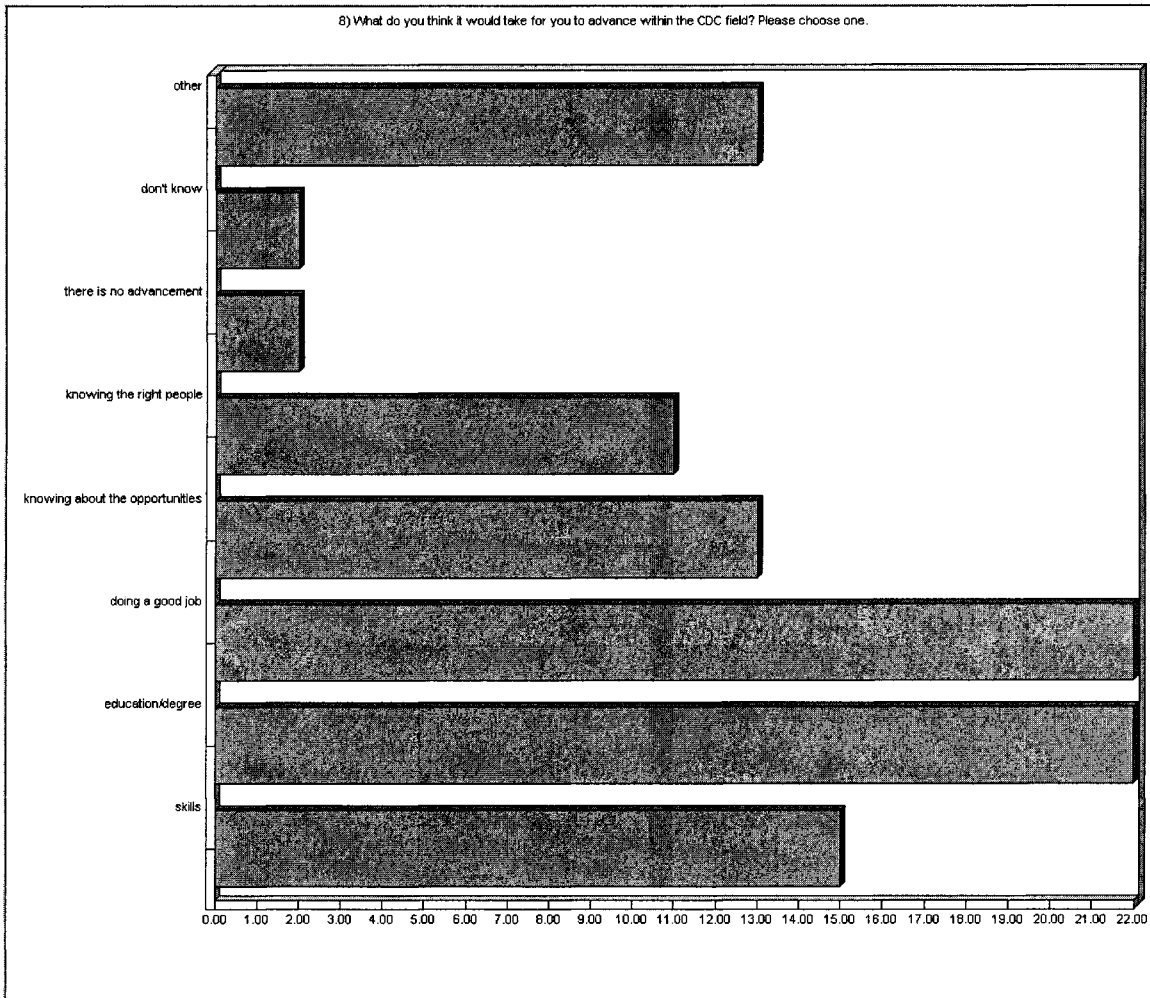
Choice	Count	Percentage Answered
skills	13	27.7%
education/degree	4	8.5%
doing a good job	11	23.4%
knowing about the opportunities	7	14.9%
knowing the right people	3	6.4%
there is no advancement	1	2.1%
don't know	1	2.1%
other	7	14.9%



What do you think it would take for you to advance within the CDC field? Please choose one.

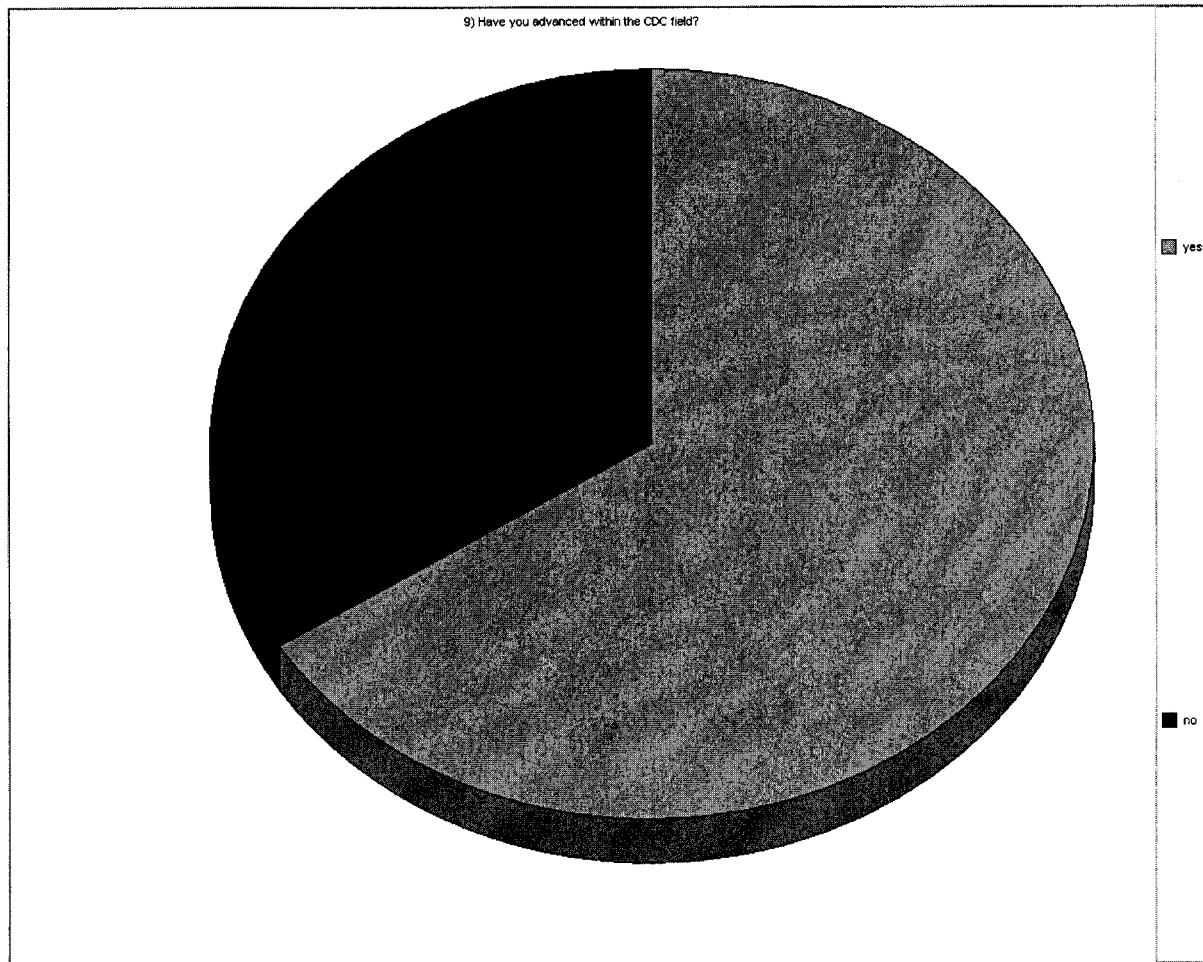
Choice	Count	Percentage Answered
skills	7	15.2%
education/degree	10	21.7%
doing a good job	10	21.7%
knowing about the opportunities	6	13.0%
knowing the right people	5	10.9%
there is no advancement	1	2.2%
don't know	1	2.2%
other	6	13.0%

8) What do you think it would take for you to advance within the CDC field? Please choose one.



Have you advanced within the CDC field?

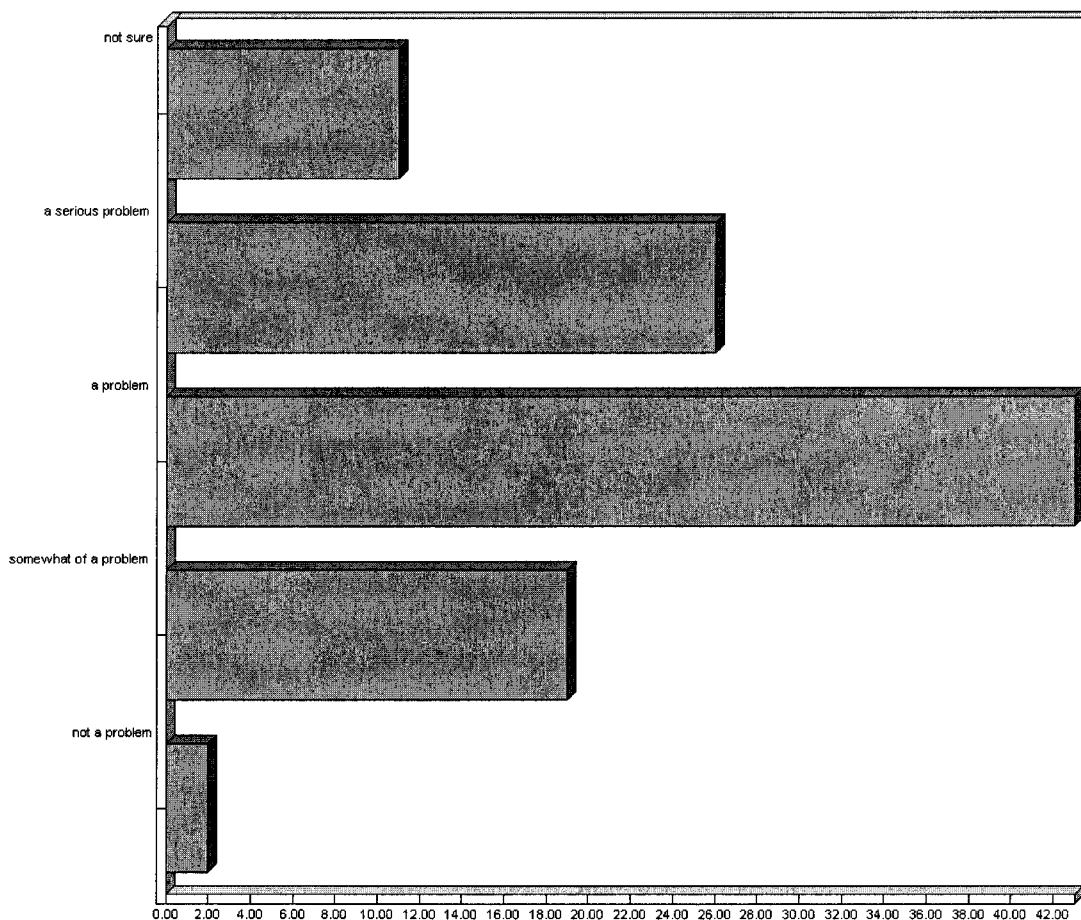
Choice	Count	Percentage Answered
yes	31	66.0%
no	16	34.0%



To what extent do you see the limited number of people of color in management/leadership positions within Boston area CDCs as a problem? Please choose one.

Choice	Count	Percentage Answered
not a problem	1	2.1%
somewhat of a problem	9	19.1%
a problem	20	42.6%
a serious problem	12	25.5%
not sure	5	10.6%

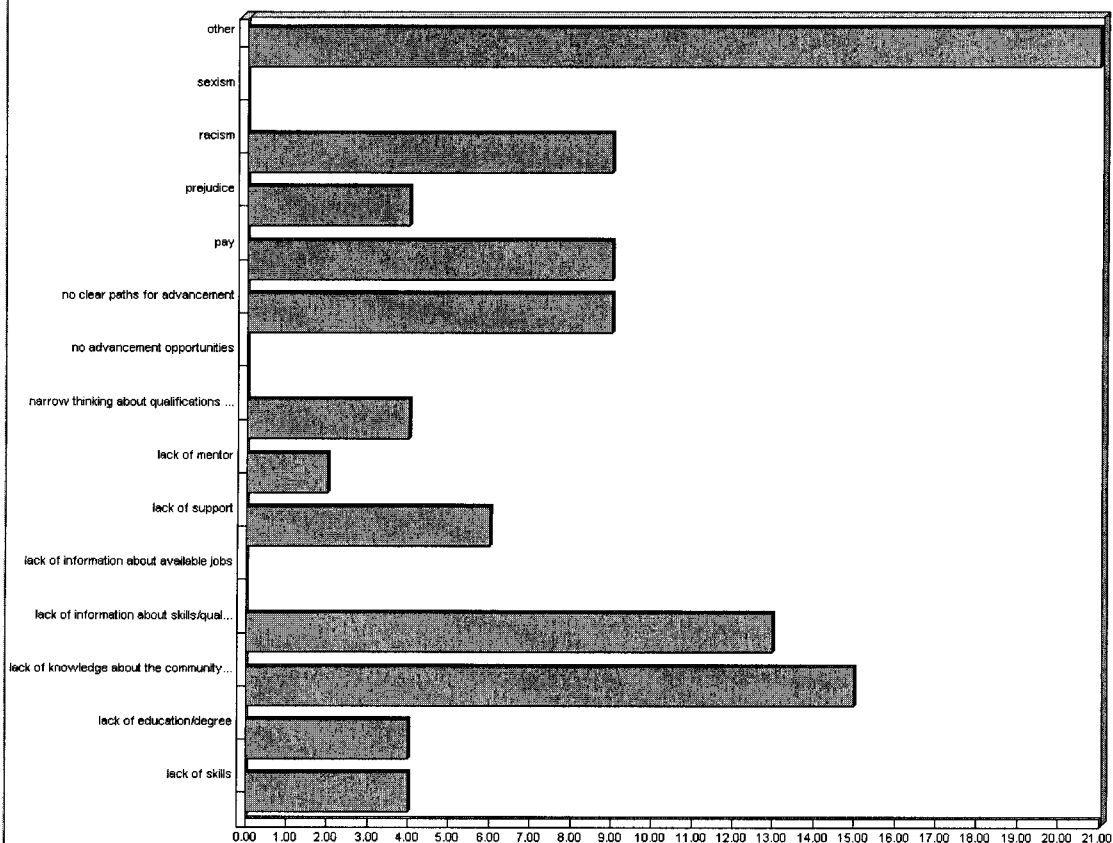
10) To what extent do you see the limited number of people of color in management/leadership positions within Boston area CDCs as a problem? Please choose one.



What do you see as the single most important reason for the limited number of people of color in management/leadership positions in Boston area CDCs? Please choose one.

Choice	Count	Percentage Answered
lack of skills	2	4.3%
lack of education/degree	2	4.3%
lack of knowledge about the community development field and/or CDCs	7	14.9%
lack of information about skills/qualifications needed for various jobs	6	12.8%
lack of information about available jobs	0	0.0%
lack of support	3	6.4%
lack of mentor	1	2.1%
narrow thinking about qualifications needed to do job	2	4.3%
no advancement opportunities	0	0.0%
no clear paths for advancement	4	8.5%
pay	4	8.5%
prejudice	2	4.3%
racism	4	8.5%
sexism	0	0.0%
other	10	21.3%

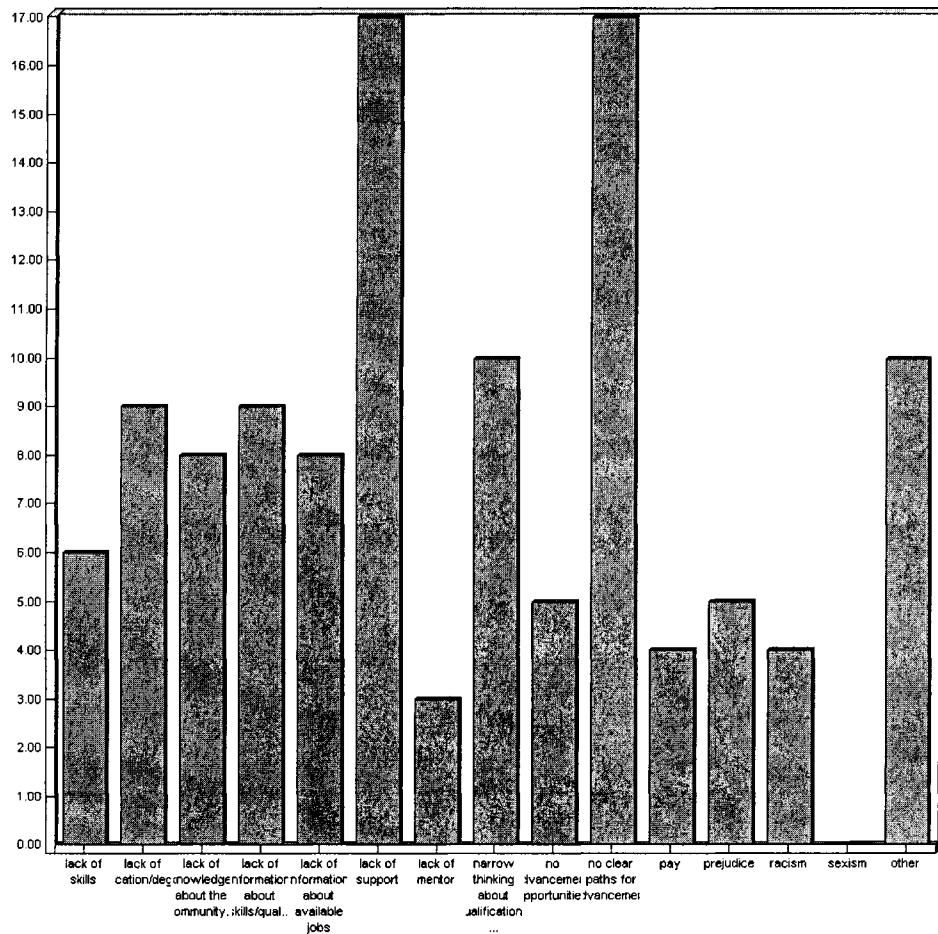
11) What do you see as the single most important reason for the limited number of people of color in management/leadership positions in Boston area CDCs? Please choose one.



Which of the following do you think might be other reasons for the limited number of people of color in management/leadership positions in Boston area CDCs? Please choose three (different than answer above).

Choice	Count	Percent of Sample
lack of skills	6	12.8%
lack of education/degree	9	19.1%
lack of knowledge about the community development field and/or CDCs	8	17.0%
lack of information about skills/qualifications needed for various jobs	9	19.1%
lack of information about available jobs	8	17.0%
lack of support	17	36.2%
lack of mentor	3	6.4%
narrow thinking about qualifications needed to do job	10	21.3%
no advancement opportunities	5	10.6%
no clear paths for advancement	17	36.2%
pay	4	8.5%
prejudice	5	10.6%
racism	4	8.5%
sexism	0	0.0%
other	10	21.3%

12) Which of the following do you think might be other reasons for the limited number of people of color in management/leadership positions in Boston area CDCs? Please choose three (different than answer above).



Comments/questions from Survey

- It's hard to say the one...or even the four things. I look at it from my perspective in organizing...and being in the position to hire organizers (at at highest level, senior organizer). Often I find that with the pay we're able to offer, we are not able to find people of color with experience or essential skills (English/Spanish), decent writing (not good, but decent), etc. Those with more skills seem to be taking jobs with more pay. I believe that once someone is here, there is opportunity for advancement, as positions are available, which is not frequent (I admit), but people also need to stick around.
- This is a complex issue that is hard to describe in a "choose one" format. One thing I've noticed is CDC's placing people of color into positions without adequate support, setting them up to fail. Later there is a claim to a commitment to diversity, but in reality this is the flip side of racism. I see this as a real barrier to the advancement of people of color in the CDC field.
- It seems to me that it is difficult to recruit well-qualified people of color into CDC management positions because the salary range is lower than other professional opportunities in Boston area.
- The number one most asked question from people in this community is: "What do you do here at ____?". Given this most interesting fact, I think it is imperative that we get more in touch with the communities for which we serve.
- I am currently employed by _____. My experiences here are very different from my experience working at another CDC. I am happy to say that my experience now is far more positive than my prior experience. At this CDC, our executive director makes an effort to make each and every employee feel valued and a part of the team. I think that the neighborhood and the Board contribute to the lack of diversity and growth of people of color within the organization. The diversity priority there is on [one racial group], but there are [other racial groups] in the community as well. There is no outreach and no commitment to make the CDC part of a larger "Boston" community. It is easier to stay secluded. I think the mentality of the staff and board would be drastically different if their outreach focus was different. If staff of color do not feel they have a voice, it becomes difficult to advocate others in the community of the same background to have a voice. It is very clear where their priorities lie.
- My direct knowledge of barriers to entry/advancement for people of color in the CDC world is, of course, limited. However, I feel that CDCs are more open than private corporations that do similar work to individuals of all backgrounds whose knowledge is experiential, rather than academic.
- I think that hard working conditions, relatively low pay, and limited advancement opportunities in the strongest CDC's, leads to high turn-over of qualified staff of all backgrounds.
- There are definitely opportunities in the CDC world, with new programs and newly built housing being created year to year. I do think that an important role is to give the opportunity to those candidates who are willing to work and learn new skills. And more importantly that supervisors and mentors should be patient and willing to share of their skills and time to those people who are interested in their field. I feel that without this combination, opportunities will always be given to the more

educated and skilled and those people who have been in the CDC or the community will not be given a chance.

- A person of color could have the same education and skills as a white person but, it seems that the pay to the people of color is always lower.

- White people here in Boston believe because you are not a racist, that you cannot discriminate. But you can find situations in every CDC, of where a white individual is occupying a position that should be held by a person of color. But I also believe that the Black/Latino community is equally to blame, either because it is not organized, or fear of being labeled, or marginalized by the white/cdc field. I myself have already felt the labeling within and outside my organization, I really fear of what some of my so called "cdc colleagues" say about me.

- At my agency there are a lot of people of color, but not enough [representation of a particular racial group] to help balance it out. There is a lot of prejudice between the ____ and the ____ in my community and as a resident service coordinator I run across this at the sites I serve and even at my job. I try to overlook it but its hard when there is a click in certain departments where [a particular racial group]re really needed.

- My own experience has been seeing very limited numbers of people of color apply for positions.

- I think that there are a number of factors which contribute to the relatively small number of people of color in leadership positions at CDCs; in fact all of the above may contribute in some way in some cases. I think that pay and perception of advancement may be a very high factor - particularly in the most recent environment in which employment in higher paying positions in the for-profit sector (i.e. including in the real estate and finance fields) may have been viewed as more attractive.

When I was at ____ CDC and we were working on identifying issues including those related to advancement, a number of issues came up: 1) the smaller the CDC, the less likely there would be advancement opportunities; 2) when trying to recruit from the neighborhood for mid- to upper level positions, pay was identified as an obstacle - even when there was strong interest in and knowledge about the organization and mission. 3) there may be a lack of information about CDC jobs in general and individual agencies in particular. I also think that the work around board development and inclusion in the discussion was also very important as it is important that they are aware about potential race and class issues at the board level which may be hampering their ability to recruit more representative and diverse boards - which I think also ultimately comes into play around who is hired for top positions.

- I see that sometimes people of color is more competent than white people, but again power is an issue.

- My opinion is based on comments from friends and my husband who worked in the Boston area for a year and had to deal with the racism and prejudice at his job.

- I believe that the cdc field--in spite of its explicit commitment to issues of justice, empowerment, and equity--has not escaped the influence of institutionalized racism and unconscious prejudice that unfortunately still afflict our society and workplaces. it is certainly not lack of skills or ability that keeps people of color from management positions. I would venture to suggest that part of the problem may be in the way that networks--a vital tool for finding and advancing in a job--function, in that people tend

to gravitate towards those they are familiar and comfortable with, and with whom they share a cultural idiom. In a field as diverse as the CDC field it is incumbent on all of us to be thoughtful about practicing and nurturing cross-cultural understanding and communication, and to develop inclusive formal and informal networks to facilitate this. This does not address the whole problem but it is one issue I wanted to raise.

- My CDC is outside of the Boston area, and I think the problem is even more exaggerated outside of Boston. I also am not sure the degree of the problem in Boston area CDCs, because I'm not familiar enough with staff make-up. My guess is that it's a serious problem, but I cannot back that up. Also, I studied Community Development [at the graduate level] and there was definitely a disproportionate population of white students compared to people of color. What is the trend in other academic programs of this nature? These are students who eventually may become candidates for the discussed positions.

- Another reason for lack of people of color in CDCs is that the individuals who are doing the hiring don't want to take the time to recruit/identify qualified candidates of color.

- I came here with a sterling reputation and incredible hope, energy and enthusiasm for my work. My supervisor has been so abusive (and essentially sanctioned in her poor behavior, as she brings in lots of money) that I'm utterly demoralized, and looking to leave a job that I love. I have been told that I am not the only person of color who has been driven out by the same person. Staff of all colors are bitter and demoralized by what has taken place. I believe that the culture is too insular for its own good, which allows such things to go on in a relative vacuum.

- The dominant "white privilege" society produces an ample supply of well educated, well mentored young white folks (myself included) who enter the field out of choice or political conviction, that may even have rejected a career in the conventional private sector that would have been readily available to them. Conversely, many young, skilled people from communities of color and low income communities (although not all) may have had more social problems around them growing up and therefore have a strong impulse to enter and succeed in the conventional private sector - and of course many companies in the private sector are under self imposed or community imposed pressure to diversify. So I think many qualified, excellent candidates for our CED movement/industry are 'lost' to the private sector. I think that while pay and benefits are not quite as good in CED as they are in a bank, for example, the selling point has to be the opportunity for a qualified person of color to do almost as well with pay/ benefits while also providing a vehicle to effect change in the neighborhoods/ communities that they care about.

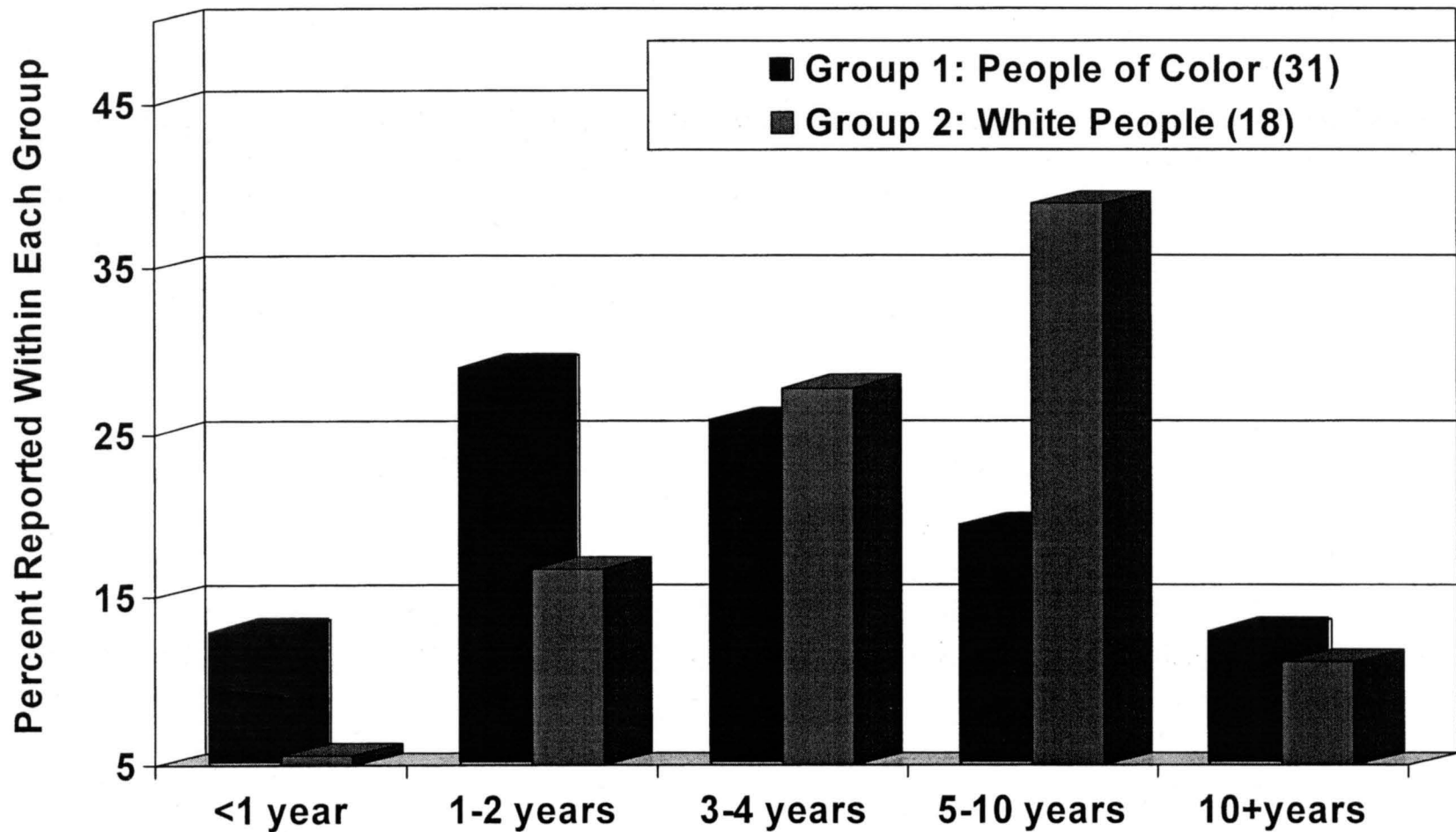
**Results of Survey of
Community Development Corporation Staff**
*Differences Between the Responses for
People of Color and White People*

DRAFT

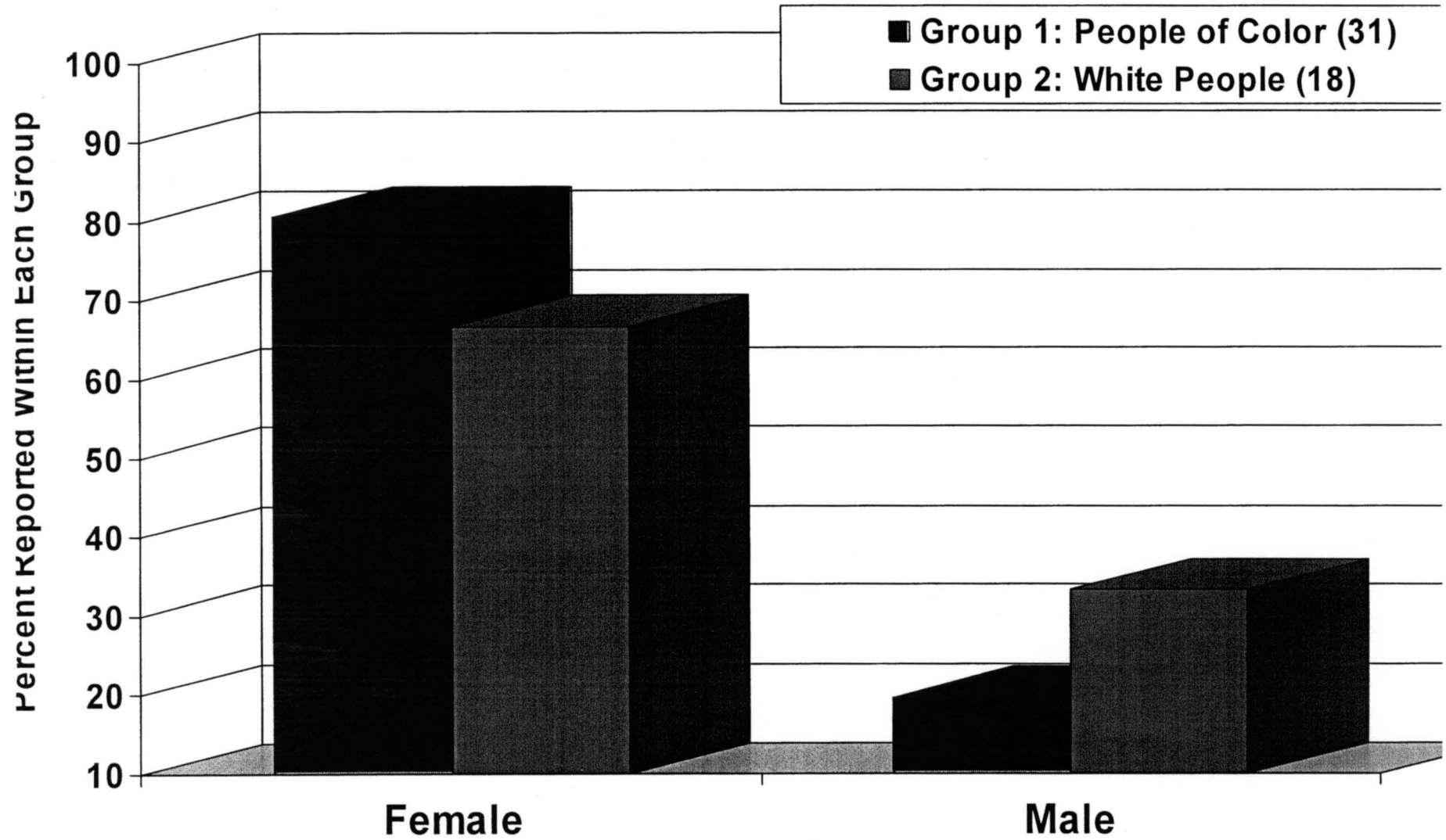
Please do not distribute

Prepared by SRG 6/03, under the direction of the MACDC/LISC Diversity & Human Capital Committee

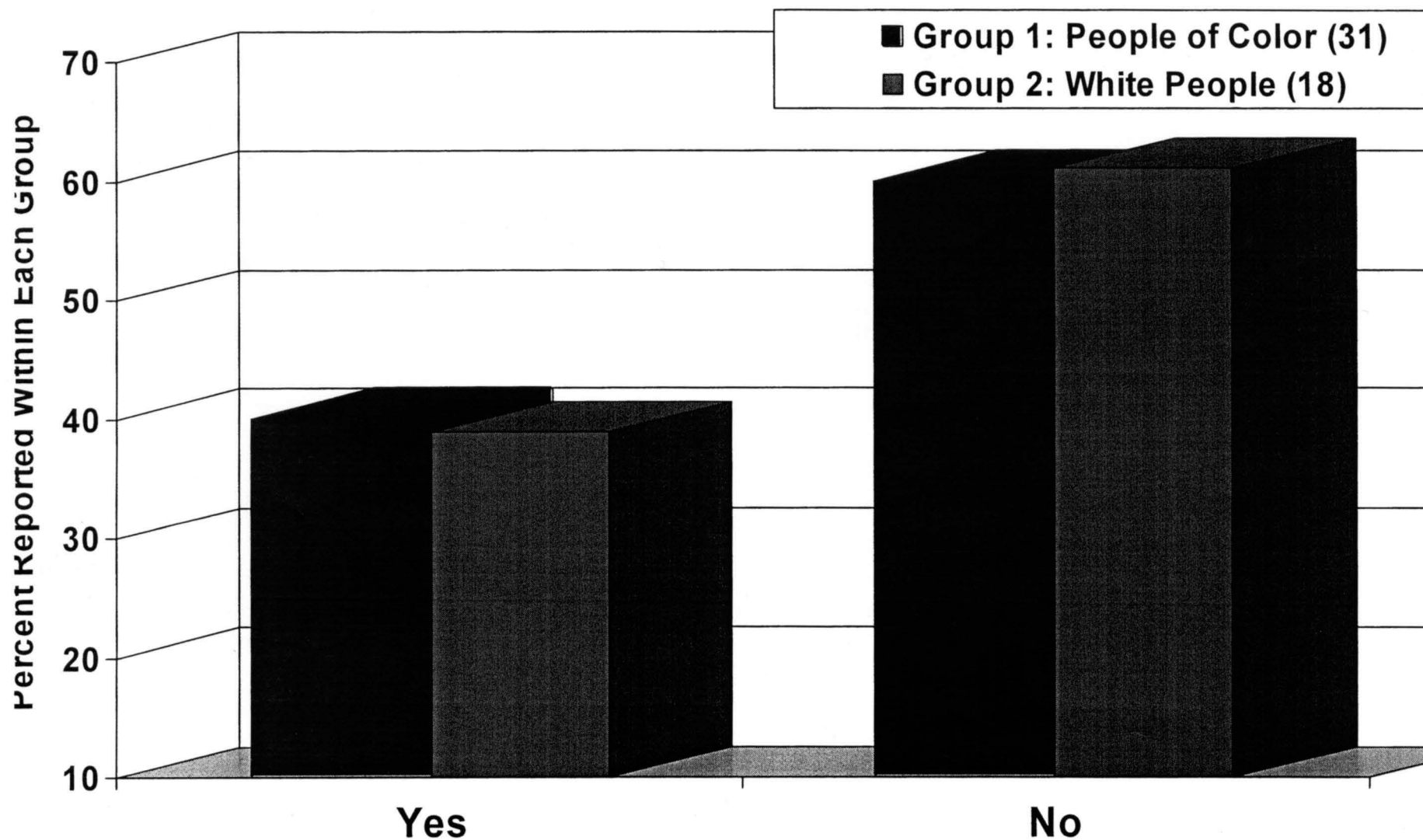
How long, in total, have you worked in at this CDC or any other CDC?



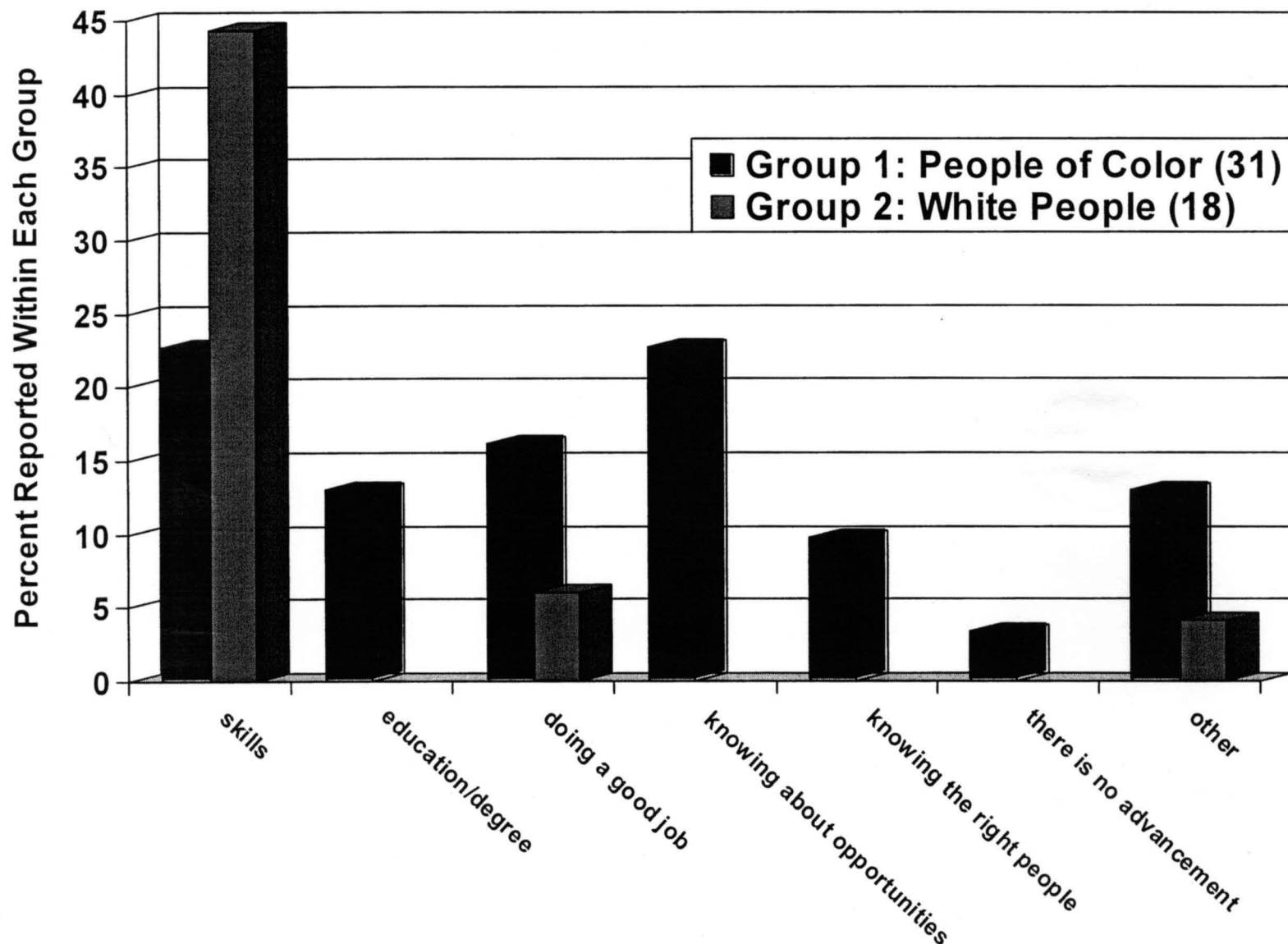
What is your gender?



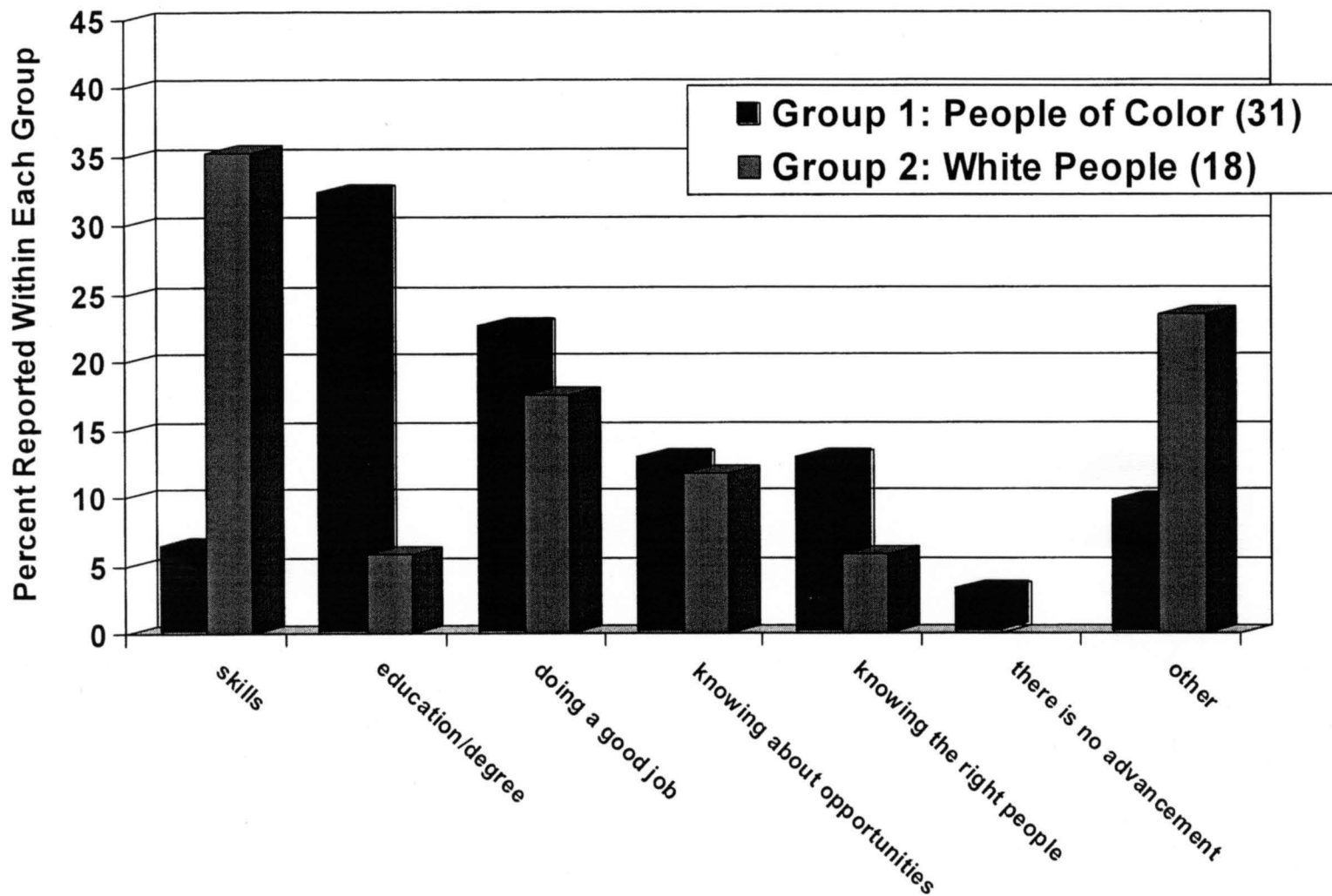
Are you a resident of your CDC's target area?



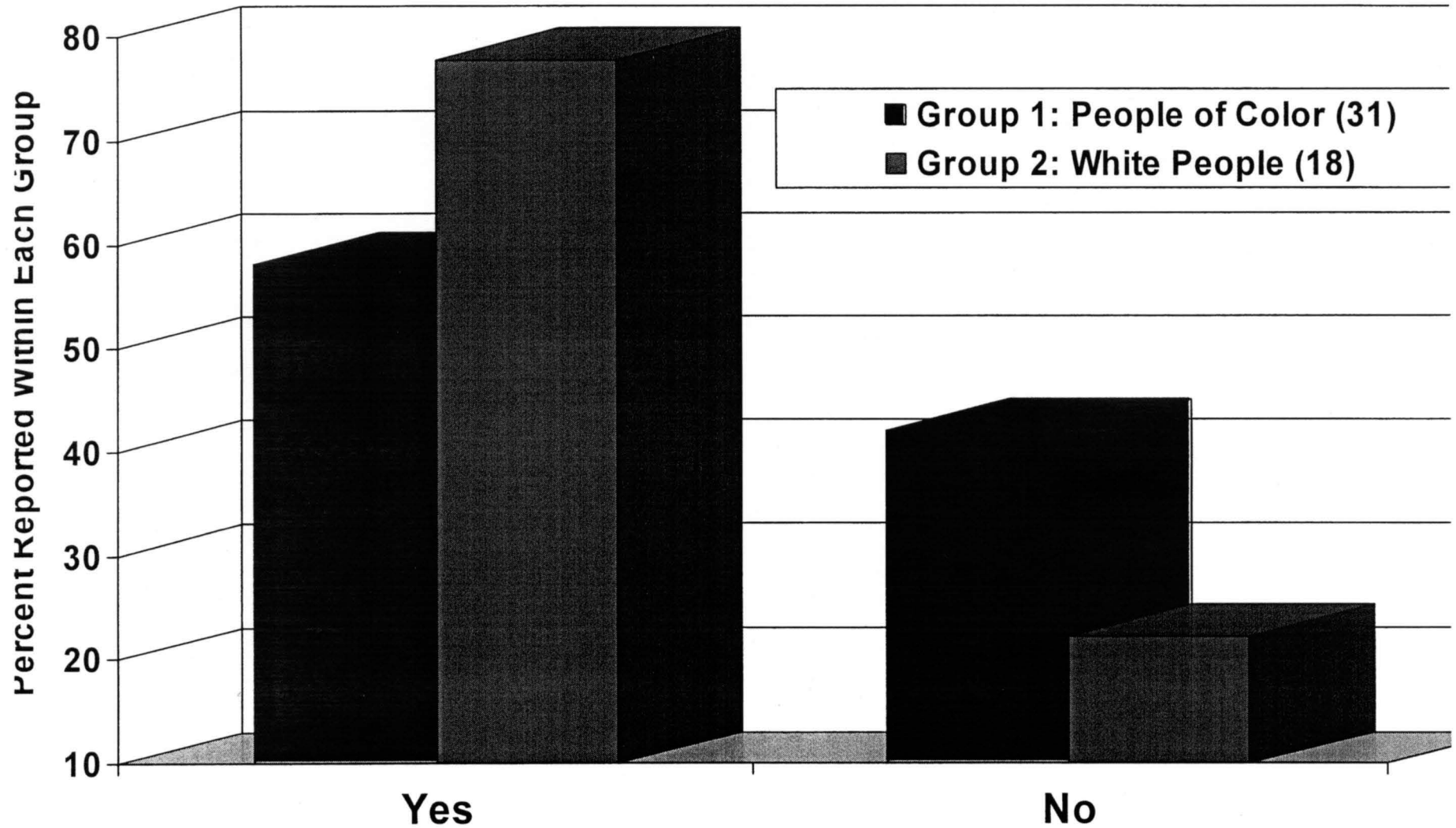
What does it take for *people* to advance within the CDC field?



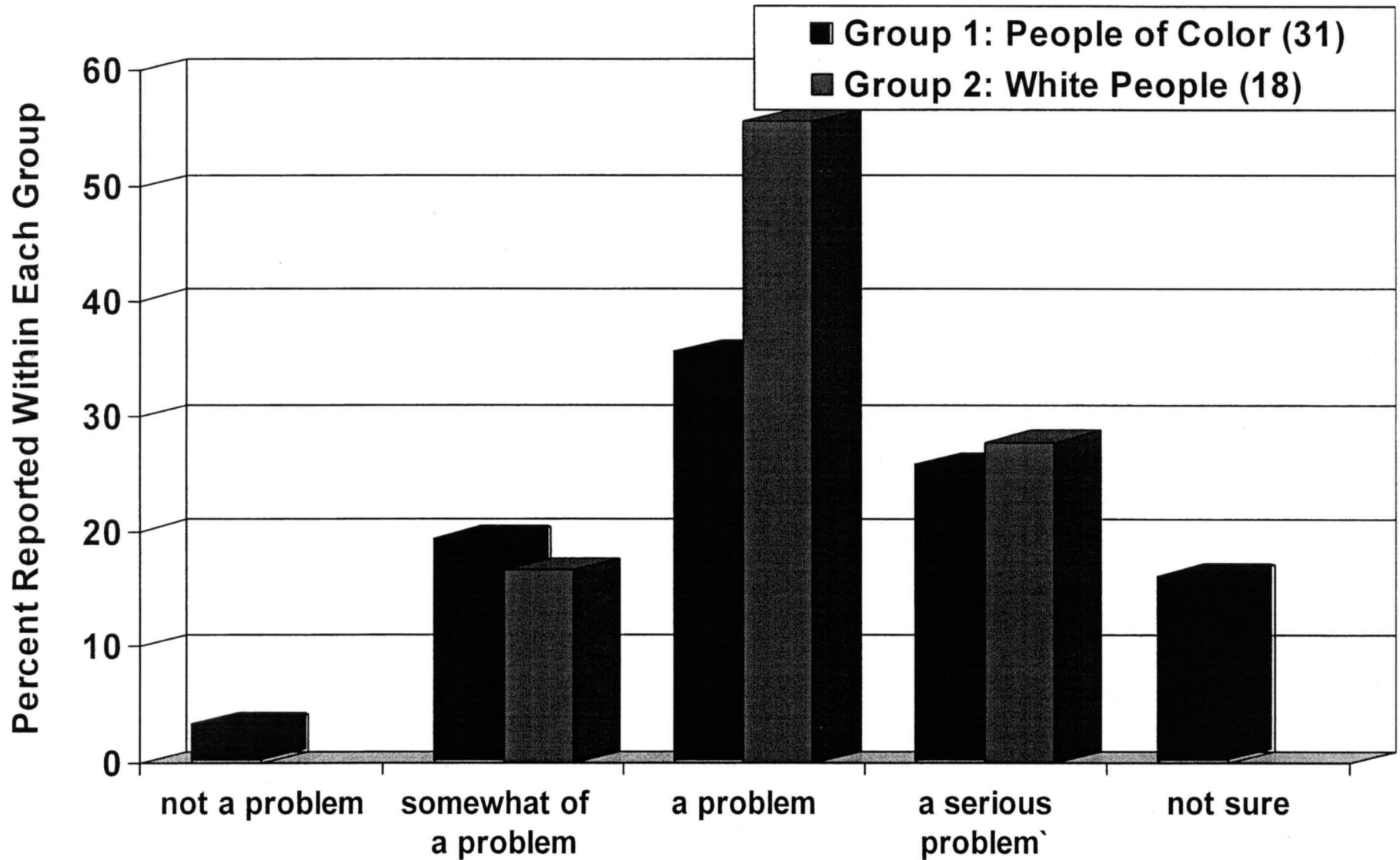
What does it take for *you* to advance within the CDC field?



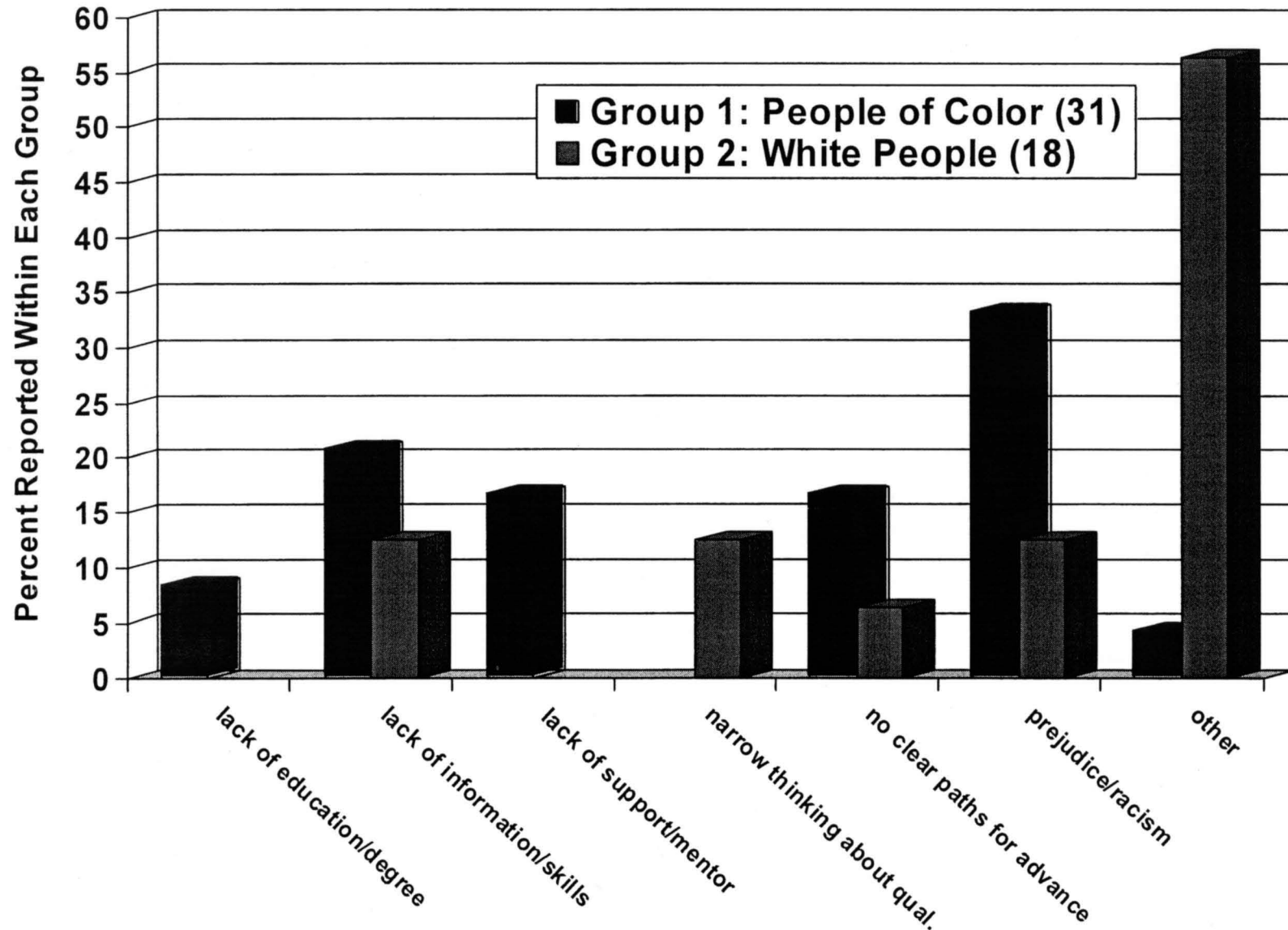
Have *you* advanced within the CDC field?



To what extent do you see the limited number of people of color in management/leadership positions within Boston CDCS as a problem?



What is the single most important reason for the limited number of people of color in management/leadership positions in area CDS?



Human Capital Development Initiative Questionnaire: Differences Between Responses for People of Color and White People

How long, in total, have you worked at this or any other CDC?

Relatively more individuals in the People of Color group reported having worked at a CDC for less than 2 years than those in the White group. Interestingly, only 19% of the people of color reported working at a CDC for 5-10 years whereas 39% of the white people reported working at a CDC for this time period. The two groups, however, gave relatively similar answers for having worked at a CDC for 3-4 years or more than 10 years.

What is your gender?

Although significantly more females than males responded in both groups, this gender gap was greater in the People of Color group. Specifically, 81% of the People of Color who responded were female and 19% were male whereas 67% of the White group were female and 33% were male.

Are you a resident of your CDC's target area?

The two groups showed a very similar pattern of response for this question with less than half of both groups (approximately 40% each) reporting residence.

What do you think it takes for people to advance within the CDC field? (Choose one)

In general, the People of Color group gave a broader range of responses to this question than the White group. For example, 23% of People of Color felt that "knowing about opportunities" was needed to advance, 13% felt that it took an "education/degree," and 10% said that "knowing the right people" was needed for advancement. No white individuals, however, marked these answers. Most notably, a smaller percentage of the People of Color group (23%) said that "skills" were needed for peoples' advancement compared to the White group (44%).

What do you think it takes for you to advance within the CDC field? (Choose one)

A similar, but more extreme pattern of difference emerged with respect to the two groups' perceptions of their own advancement. Only 7% of People of Color viewed "skills" as important for their advancement compared to 35% in the White group. Also, again, more People of Color saw "education/degree" as important for

advancement (33%) than the White respondents did (6%). Also, a lower percentage of People of Color marked "other" (10%) than individuals in the White group (24%).

Have you advanced within the CDC field?

Although the majority of people in both groups reported advancement, a significantly lower percentage of the People of Color group (58%) responded **YES** than White group did (78%).

To what extent do you see the limited number of people of color in management/leadership positions within the Boston area CDCs as a problem?

Although People of Color identified more barriers to advancement than the White respondents, a lower percentage in this group saw the limited number of people of color in management positions as a problem (36% vs. 56%) In addition, more individuals in this group (16%) were unsure of their response than those in the White group (0).

What do you see as the single most important reason for the limited number of people of color in management/leadership positions in Boston area CDCs? Please choose one.

The two groups also responded differently to this question. Most notably, 33% of the People of Color identified racism/prejudice as a problem whereas only 13% of the White said this issue was a problem. Also, the White group again endorsed "other" (56%) at a much higher percentage than People of Color group (4.2%).

Which of the following do you think might be other reasons for the limited number of people of color in management/leadership positions in the Boston area CDCs? Please choose 3.

The responses for the two groups were more similar when given the option to give more than one answer. The two groups, for example, endorsed similar percentages for "lack of information/skills," "no clear paths for advancement," and "racism/prejudice." However, compared to the White group (17%), a higher percentage of the People of Color group again marked a "lack of education" (30%).

APPENDIX C: Executive Director Interviews



February 12, 2003

Dear CDC Executive Director:

You may be aware that some time ago LISC and MACDC, as part of the work that we have been doing around diversity, conducted two focus groups with present and former CDC staff, to hear their perspectives on the limited number of people of color in CDC management positions. Several months ago, we conducted a survey of a diverse group of CDC staff around this same issue (key results are attached). Clearly, while the numbers of people of color in our field has grown significantly over the past ten years and progress has been made, the leadership of our field does not yet reflect the racial and ethnic diversity of the neighborhoods we serve.

At this time, LISC and MACDC, through the Diversity & Human Capital Committee, are seeking to interview a number of CDC executive directors to hear your perspectives on the limited number of people of color in management positions within CDCs and, indeed, throughout our field. We hope that you will agree to talk with one of the committee's members.

From the interviews, we want to get a sense of your impressions about the survey results, your own thoughts about the barriers to increasing the number of people of color in management positions, your willingness to participate further in this process, and your ideas about possible collaboration. Interviews are expected to take 1 ½ hours. They will take place at your CDC or a location mutually agreeable to you and the committee member. We would like to complete interviews no later than March 7th.

The next step in this process is to convene a group of stakeholders from every sector of our field to work collaboratively to address this issue. Your participation at this point will also help to inform this part of the process.

Please feel free to contact Pam Jones at 617-338-0411 x229 or Kathy Dalton at 617-426-0303 x 28 with any questions. A member of the Diversity & Human Capital Committee will be contacting you shortly.

Thank you for your consideration. We look forward to your participation.

Sincerely,

Mathew Thall
Senior Program Director
LISC

Joseph Kriesberg
President & CEO
MACDC

Interview Questions

In recent surveys, LISC and MACDC have characterized CDC staff positions as: entry-level, mid-level, and senior level; non-management and management; or professional. Surveys and survey results indicate some confusion about these designations...

1. How do you categorize the various levels of positions within your CDC, i.e. are there “entry-level positions? what “level” is an office manager/AA, project manager, organizer, etc.?
2. How do you define “management,” i.e. what responsibilities/authority/ decision-making powers do managers have?
3. What is the highest level of management in your CDC? How many people of color and what ethnic groups are represented at the highest level?

As you know, for some time now, racial and ethnic diversity within CDCs, particularly at the mid- and senior-levels, has been a concern...

4. To what degree do you see the limited number of people of color in CDC management positions as an issue for you? your organization? CDCs? the community development field?

Survey data will be sent in advance...referring to data...

5. What do you think about the survey results? What do you think the results tell us?
6. What do you see as the reason(s) for the limited number of people of color in management positions in your CDC (if relevant)? In CDCs in general? The community development field?
7. What do you see as the major barriers to increasing the number of people of color in management positions?
8. How do you see these barriers being addressed by you? your CDC? Others?

9. How successful/effective do you think these efforts have been?

10. What challenges have you faced in addressing these barriers?

11. What do you think could be done (by you, your CDC, others) to make these efforts more successful/effective?

12. What would you describe as “success” (in increasing the numbers of people of color in management positions)? What outcome(s) would you like to see?

13. What does/would it take to achieve “success?”

14. Who should be responsible for “success?”

15. Would you/your CDC be willing to commit to working on this issue? If yes, in what ways?

- ☐ Serve on Ad Hoc subcommittee
- ☐ Have staff/board member serve on subcommittee
- ☐ Collaborate with other CDCs/community development stakeholders to implement agreed-upon strategies/solutions
- ☐ Participate in event/activities
- ☐ Other: _____

16. Are there any other comments that you would like to make/any questions I haven't asked that you think I should have?

Summary of Executive Director Interviews

Nine interviews were conducted. However, because of concerns with confidentiality and the delay in transcribing information, responses were available from only five of the executive directors.

Findings from the executive directors were wide-ranging. As with other CDC staff of color, executive directors of color raised similar issues pointing to racism – constantly having to “prove themselves,” facing “low expectations,” and, in some instances, lacking real power. Often, white executive directors saw these same dynamics being played out – admitting that “sometimes the role that power brokers play is patronizing, particularly in communities of color” and that “the system is heavily weighted against people of color.” At the same time, executive directors pointed to a number of other barriers, including the lack of support, the lack of career paths, pay, and a lack of knowledge about the community development field – to a large extent agreeing with focus group and survey respondents.

APPENDIX D: Subcommittee/Working Group to Transform the Face of Community Development



March 2003

Dear Rick:

The Diversity & Human Capital Committee (D&HCC), under the auspices of the Mass Association of CDCs and the Local Initiatives Support Corporation, invites you to participate in an industry-wide subcommittee to increase the numbers of people of color holding management positions in the community development field. Representatives from every sector of our field are being asked to join with us to combine our efforts to address this important issue – the limited numbers of people of color in management positions in the community development field.

While the numbers of people of color in our field has grown significantly over the past ten years, the leadership of our field does not yet reflect the racial and ethnic diversity of the neighborhoods we serve. We think you will agree that progress has been made. However, we still have a long way to go. You have been invited to join this important effort because of your position, interest and ability to make a contribution to the work of the subcommittee.

The D&HCC has conducted focus groups, surveys and interviews to gather information and perspectives from current and former staff and leaders of CDCs. Data from this research point to several key barriers to the recruitment and advancement of people of color in CDCs. No doubt some of these findings will hold true for other parts of the field. This information will provide us with a starting point, upon which we seek to build common ground, and together create strategies and garner resources to achieve our shared goals.

We are proposing that the subcommittee meet monthly. The first meeting will be held on **Tuesday, April 15th, from 9:30-11:30am, at LISC, 95 Berkeley Street**. Subsequent meeting dates, times and place will be determined by the subcommittee.

Please return the attached form to indicate your interest and ability to serve on the subcommittee to Pam Jones at LISC or Kathy Dalton at MACDC. We hope that you will join us in what will be an historic opportunity for us to transform the face of community development in Boston. Thank you for your consideration.

Sincerely,

Mathew Thall
Senior Program Director
LISC

Joseph Kriesberg
President & CEO
MACDC

Subcommittee to Transform the Face of Community Development in Greater Boston

Name: _____

Title/Position: _____

Organization: _____

Mailing address: _____

Tel: _____ Ext: _____ Fax: _____

Email address: _____

☐ Yes, I want to serve on the subcommittee and I can attend on April 15th!

☐ Yes, I want to serve, but I am not able to attend on the 15th

☐ I need more information, please contact me

☐ Sorry, I am not able to serve at this time

Please state any suggestions, questions or concerns that you have in regards to the subcommittee and/or your participation on it:

Please return this form to Pam Jones via email at pamj@liscnet.org or fax: 617-338-2209 or to

Kathy Dalton at KathyD@macdc.org or 617-426-0344 no later than March 31, 2003.

Thank you!

Working Group to Transform the Face of Community Development

<u>Name</u>	<u>Organization/Institution</u>
Abdussabur, Muhammad	Tent City Corporation
Almeida, Shirronda	Mass Association of CDCs (MACDC)
Aponte-Pares, Luis	University of Massachusetts/ College of Public and Community Service
Bratt, Rachel	Tufts University - Department of Urban & Environmental Policy & Planning
Calderon-Rosado, Vanessa	Inquilinos Boricuas en Accion (IBA)
Chin, George	Crosswinds Enterprises, Inc.
Cooper, Ralph	Veterans Benefits Clearinghouse (VBC)
Dalton, Kathy	Mass Association of CDCs (MACDC)
Deare, Paul	Neighborhood Development Corporation of Jamaica Plain
Flatley, Joe	Mass Housing Investment Corporation (MHIC)
Grogan, Janet	The Community Builders (TCB)
Haskell, Jim	Salem Harbor CDC
Hawes, Sandra	Department of Housing and Community Development (DHCD)
Hill, Janice	Southern New Hampshire University - School of CED
Jacob, Meena	Urban Edge
Johnson, Arnold	Crosswinds Enterprises, Inc.
Jones, Pam	Local Initiatives Support Corporation (LISC)
Kiang, Peter	University of Massachusetts/Asian-American Studies Program
Kriesberg, Joe	Mass Association of CDCs (MACDC)
Lamitie, Sarah	Boston Private Bank & Trust
Malone, Tia Juana	Development Leadership Network (DLN)
Marcus, Hilary	Neighborhood Reinvestment Corporation (NRC)
Marks, Nancy	Mass Association of CDCs (MACDC)
Merced, Nelson	Neighborhood Reinvestment Corporation (NRC)
Nunnally, Reggie	Department of Neighborhood Development (DND)
Page, Phillip	The Partnership, Inc.
Perez, Ana	Local Initiatives Support Corporation (LISC)
Riley, Sharon	NDC of Jamaica Plain
Soto, Ines	Boston Redevelopment Authority (BRA)
Thall, Mat	Local Initiatives Support Corporation (LISC)
Tolbert, Karla	Fenway CDC



**Working Group to Transform the Face of
Community Development**

April 15, 2003

9:30-11:30AM

AGENDA

1. Welcome/Introductions
2. Why are we here?
3. Group Norms
4. Presentation/Discussion of Draft Report Findings
5. Explanation/Discussion of “Appreciative Inquiry” and “Framing Question”
6. Next Steps
7. Meeting Evaluation

Sent via e-mail

Hello everyone:

The MACDC/LISC Diversity and Human Capital Committee extends its thanks to those of you who attended the first meeting of the Working Group to Transform the Face of Community Development. We are excited by the group and its potential to make a significant contribution towards transforming the face of community development in Massachusetts.

Attached are the notes from the first meeting and a list of the participants of the Working Group members. Our next meeting will be on **Thursday, May 29, from 9:30-11:30am at 95 Berkeley Street**. Please note - we will meet in the 6th floor conference room.

June and July meeting dates:

Based upon the responses received to date, Mondays worked best for most people. So we will meet on **Monday, June 23 and on Monday, July 14, from 9:30-12:00pm, location to be confirmed**.

If you have not already done so, please indicate in an e-mail reply to me whether or not you will attend on May 29, June 23 and July 14. Also, if you need a copy of the appreciative inquiry handout, which we have asked everyone to read prior to the 29th, let me know. I can send you a copy via fax or mail.

Feel free to contact Kathy Dalton at 617-426-0303 x28 or me at 617-338-0411 x229 if you have any questions or concerns. We look forward to your participation in this important endeavor. See you on May 29th!

Working Group to Transform the Face of Community Development

April 15, 2003

MEETING NOTES

Introductions

Pam Jones introduced the meeting by saying that the meeting was part of a process that began as her Master's Program Community Economic Development project at Southern New Hampshire University, but was the culmination of many years of work on the part of LISC, MACDC and many CDCs in Massachusetts.

Kathy Dalton welcomed participants and introduced our facilitator, Cynthia Parker, from Interaction Associates. Kathy asked everyone to introduce themselves, by sharing how many years they had been in the community development field and why they did what they did. As participants explained briefly why they do the work they do, the following words/responses echoed true for many:

- *Equity*
- *Representation*
- *Long histories of involvement in community development field*
- *Some entered the field by accident*
- *Power of CDCs as engines of change*
- *Power of collective action*
- *Giving back to the community*
- *Making a difference/seeing an impact*
- *Passion based on personal experience/growing up in the community/love for the community*
- *Creating history*
- *Role in transforming communities*
- *Bringing capital to communities*
- *Desire to develop people and to improve housing/community*
- *Wealth building*
- *Personal experience, for several in childhood, living in housing in low-income, underserved and/or underrepresented neighborhoods*
- *Serve the community*
- *Listen to the people*

There were many links between people and many years of experience in community development in the room.

Goals for the Working Group

- Develop a shared analysis of barriers to increasing the number of people of color in management and leadership positions within the community development field in communities served by CDCs in Massachusetts.
- Begin designing strategies to address these barriers
- Strengthen relationships among community development stakeholders
- Expand the community of people who are thinking about and addressing this question.

Goals for the meeting

- Share findings from survey and focus groups
- Affirm assumptions
- Agree on appreciative inquiry approach and framing question
- Begin building and strengthening relationships among working group members

Group Norms

- Respecting confidentiality
- Listen for understanding: replace “but” with “and”
- Respect one another
- It’s okay to disagree
- Encourage people who would normally be silent

Presentation of Findings from Focus Groups and Survey

(PowerPoint presentation available upon request)

Questions/comments following presentation:

- Is there an age breakdown? *no*
- What constitutes a management position? *Definition of management position (varies by CDC) MACDC & LISC working on a definition with ED's. Most define as having responsibility for program, people and/or budget/fundraising.*
- What is the baseline re: minorities in management now? (so that we can compare, mark progress) *LISC/MACDC collecting data now and have some older data*
- Look at levels within management – probably more skewed as you go up to executive directors
Senior leadership tends to equal real estate developers, development directors, department directors, deputy directors, executive directors
- Disconnect between survey respondents and focus groups regarding ‘how big a factor is racism’ question - *Agree there may be an issue of (conscious or unconscious) denial of racism. Also, different conditions – opportunity for discussion in focus groups – may have impacted perceptions.*
- Presentation highlights barriers, but what allows people to advance? Should present barriers and prescriptive ways to reduce barriers and maximize advancement.
- What about CDC support organizations? (LISC, Neighborhood Reinvestment, CEDAC)
- Cross tab responses by minority/non-minority
- Need to have common definitions of management, racism, qualified. Perhaps we need to identify characteristics or look at examples, or have some sort of analysis of racism.
- Promoting opportunities in CDC support community as well as CDCs themselves
- Black / African American men are not there in leadership in community development or social services. Differences between African-American men and Black men from the islands - many African-American men don’t think they have a chance.
- Importance of role models
- One approach is to accept that racism exists, and see the opportunities created

Methodology of Appreciative Inquiry

Cynthia summarized the appreciative inquiry methodology (information available upon request). The group agreed to try this approach as a way to address the issues. The starting point for this approach is a “framing question,” which was presented to the group for discussion:

“How does the community development field create an environment which values and reflects (others suggested represents or promotes actually getting people of color in positions) particularly within its leadership the racial and cultural diversity of the communities that we serve.”

Comments/suggestions for improving the question:

- Add “foster” after “create”
- “represents” or “promotes actually getting people of color in positions” rather than “reflects.”
- Other concepts: communities empower themselves, racially & culturally diverse communities
- Alternatives to “communities we serve”
 - provide communities with the tools to...themselves, accountable to vs. doing for
 - “work with us”
 - “communities we work in”

Meeting Evaluation:

Good

Good group, good mix of people

Who obeyed the rules (norms)

Good pace

Done on time

Change

Small group exercises

Layout content for meetings three and four at next meeting

Handouts and Worksheets

Discovery: Self

The bonds that tie us together as a community

1. Values

We each have different qualities and values we bring to our work, a positive core that gives life and meaning to our work. Consider for a moment the things you value deeply in this regard, specifically, **the things you value most about yourself, your work, your organization, and the community development field.**

Without being humble, what do you most value about -

- Yourself-your best qualities, the values you embody?
- Your work?
- Your organization?
- What stokes the fires of your passion for the work? Why do you do what you do?

2. Peak Experience:

As we evolve, we want to get in touch with those moments when you could say about the work that you've been doing, "Yes!! This is what my work is all about. **This is what the work of the community development movement is all about!**"

What were the key factors that made it possible for you to establish such a powerful impact?

What was going on for you, personally and **what in your organizational environment or the larger community development field** allowed for this to happen?

What did you learn in that situation that helped take you to a higher ground in your work?

Specifically, what did you say or do that someone else might be able to do when in a similar situation?

3. Future

Jonas Salk, MD, would ask people several simple but powerful questions. None were medical questions about illness. In Salk's view "health" was not simply the absence of disease. It was qualitatively differently and vastly more. He wanted people to discover, through systemic study and positive awareness, those things that they do that make them healthy. He was amazed with the wisdom people possessed, and varieties of techniques, behaviors, and lessons identified. He would conclude each conversation with a request: please share your insights with as many people as possible. Salk's great hope was to discover the means and methods "to create an epidemic of health." He realized that no action, no conversation, no thought was too small-in fact, that most tipping points have very small beginnings, but they reverberate.

As we project ourselves into the future, imagine it is the year 2010-**the community development movement in MA** has exceeded our wildest dreams, and we are creating an epidemic of organizations that value and represent diverse leadership.

- What are three things that you are doing now that we should maintain and enhance (your best practices, approaches, and ways of working) that are good and should be nourished?
- What would you be doing new, better, or different?
- Now, how about a bolder step—what would that be?

Be patient and try to love the questions themselves. Live the questions now. Perhaps you will then gradually, without noticing it, live along some distant day into the answer.

Rainer Maria Rilke

Discovery: Others Interviews

Next step: interview one other person about their answers to the questions. **Who?**

Discovery: Others Small Groups

Form groups of 3 pairs from the discovery interviews.

Introduce your partner to the group, telling his/her story. Try to convey:

- The richness in your partner's story
- The life-giving forces you heard
- What was most inviting and energizing for you in your partner's story
- Any words, images, or thoughts that sparked your imagination

Others, listen for and individually take note of themes, patterns in others' stories:

- In the meaning behind the stories, what really matters, what's trying to be said.
- Of high points, of the life-giving forces that could spark that imagination and could ignite energy for the future

In your small group:

- Produce a flip chart with pictures, words, whatever you believe reflects the essence, the positive core of what you would want to draw on from your stories in creating the future.
- Agree on one story to tell the large group that represents the essence, the "cream."
- Brainstorm possible "provocative possibility propositions" that come out of the stories and record them on a flip chart. State them in the present tense, as though they are already true. (e.g., there are large numbers of people of color occupying leadership positions throughout the community development field). State them affirmatively, indicating what is present rather than what is absent, or what is happening rather than what is not.

Design

Now that we've discovered our positive core, and dreamed together of what we can be at our very best, it's time to design the new world we want to create. This is an opportunity to figure out how we can organize our behavior, thinking and other resources to make our provocative possibility proposition a reality.

Small Groups

Address the following questions about your provocative possibility proposition:

- What would we have to do more, less, or differently as an organization and as a field to make this proposition a reality?
- What norms would we have to commit to and live out to support these actions?
- What else would it take to enable us to make this proposition a reality? What support, resources, behaviors, or skills will we need?
- What strategies can we employ to put those pieces into place?

Destiny

Establishing Long Term Goals

For each provocative proposition, what are our goals, objectives, and action plan?

Proposition:

Long Term Goal:

Specific objectives:

-
-

Action Plan

Annual Results for Current Year	Measures & Targets	Tasks	Who	Resources Time, money, etc.	By When

Immediate Next Steps

Identify the key next steps we will need to take in order to ensure that we align our actions with these intentions.

What	Who will lead	Other team members	By When

Taking it Home

Personal Change Agenda

I commit to the following actions, behaviors, practices to advance our provocative possibility propositions:

What	How often	From whom will I seek feedback?

Organizational Action Planning

I have committed to the following tasks coming out of this retreat:

[illegible]

Working Group to Transform the Face of Community Development in Massachusetts

Framing Question:

How does the community development field create and foster an environment which values and represents, particularly within its leadership, the racial and cultural diversity of the communities in which we work?

APPENDIX E: Addendum

Provocative Propositions and Initial Strategies to Bring Them to Reality:

Organizational Culture

As organizations, we are dynamic, open, welcoming, supportive, and participatory. We value, respect, and celebrate diversity. We encourage open, two-way communication and embrace different leadership styles and perspectives.

- Make more resources available to help organizations assess their organizational culture and develop individualized strategies (including tools for assessment/self assessment.)
- Develop organization to organization mechanism for those engaged in this work.
- Develop resources for anti-racism training
- Create a case statement of how and why racism plays out in organizations working in community development. Demonstrate why it is inimical including impact measures and develop a model that measures the improved output of a diverse organization.
- Organizations should add values to their strategic plans or enumerate values in their policies.

Leadership

All leaders within the community development movement (at the staff, board, and community levels) are committed, courageous, and supportive of diverse leadership. As a whole, the leadership reflects the communities in which we work and builds an open, respectful relationship with the community. Leaders actively recruit individuals from a wide range of backgrounds, cultures, races, and economic circumstances and set the tone for an inclusive, supportive organizational culture.

- Clarify what we mean by & articulate the competencies, attributes and skills of a leader ¹
- Find who they are, where, the models that have worked in order to develop standards. Best leaders to build competency model to build training.
- Develop broader network of education and training resources that include all sectors of CDC work, public & private educators, private sector business, etc.
- Centralize on-going learning and support for leadership
- Recruit leaders of color
- Engage public universities in leadership development

¹ Refers to Harvard Business Review article, "Making Differences Matter," #2195, p. 10, #1. *"The leadership must understand that a diverse workforce will embody different perspectives and approaches to work, and must truly value variety of opinion and insight."*

Acknowledging Race and Racism

Leaders and others within the community development movement acknowledge the existence of race and racism in our organizations and our communities, and demonstrate the will and the commitment to addressing the issues.

- Commitment to anti-racism and required investment in anti-racist work (board and staff)
- Maintain anti-racism discussion as a regular, internal dialog
- Generate resources to support serious efforts (Diversity Initiative, Haymarket, Hyams)
- On-going discussion (bring in speakers) externally
- Build on best practices, successes & failures. Bring experienced people to participate in conversations and initiatives.

Learning, Teaching and Mentoring

Learning, teaching and mentoring are valued. Community development organizations create ongoing opportunities for learning and growth among staff, board, and residents at all levels. Current leaders demonstrate their commitment to learning by actively mentoring new leaders of color within the movement.

- Create and sustain formalized mentoring program that is structured and creative and based on best practices from this and other fields.
- Consistent leadership and management training including diversity and anti-racism

The Field

The community development field is well known and is a career of choice for individuals from a wide range of backgrounds, cultures, races, and economic circumstances. There are clear paths for advancement (including the top!) and people understand the skills and competencies needed to advance in the community development field.

- Define careers broadly across industries (CDC banking, real estate, portfolio management, other CBO's in community development)
- Get definition of "community development field" broadly accepted
- Succession planning for top staff and board positions
- Organization leaders need to recognize the importance of training and education for career advancement
- Educate the public about the field, its accomplishments, and career opportunities.
- CDC Academy: mentoring network of training & education, CD101, advanced training, also help with succession planning.

DRAFT

TRANSFORMING THE FACE OF COMMUNITY DEVELOPMENT IN MASSACHUSETTS

Introduction

The rapidly changing demographics of Greater Boston and of many of the urban centers throughout the state led the Local Initiatives Support Corporation (LISC) and the Mass Association of Community Development Corporations (MACDC), along with area CDCs, to begin working together in the early 1990's to find ways to increase the racial and ethnic diversity of CDC staffs – particularly at the mid- and senior levels. It had become apparent that neighborhoods in which community development corporations (CDCs) worked were becoming increasingly of color, yet the leadership of CDCs remained overwhelmingly white.

After more than a decade and a variety of programs and strategies later, more people of color occupy mid- and senior level positions within CDCs. However, the pace of change is slow and much remains to be done, especially within senior management levels. The impetus of a community economic development project, undertaken by LISC program officer, Pam Jones, as part of her Master's program at Southern New Hampshire University, boosted LISC's and MACDC's efforts to a new level.

A number of studies and surveys of employment in Boston have confirmed the under representation of people of color (Asians, Blacks, Latinos and Native Americans) in leadership positions across the board – in the public sector, in corporate America and in nonprofits. However, few surveys have focused on CDCs, and none – to our knowledge – has looked at the *reasons* for the limited number of people of color in leadership positions within CDCs.

Focus Groups

In the spring of 2002, the Diversity and Human Capital Committee, a joint committee of MACDC and LISC, sponsored two focus groups to better understand the barriers to increasing the number of people of color in CDC management and leadership positions. We asked people of color who were currently working at or had previously worked for a CDC to choose what they believed to be the most important barriers.

“Racism/prejudice” was the most frequently mentioned barrier, with more than a third of the participants listing it as the most important barrier. This was followed by the “lack of support and/or mentors,” chosen by 13%. Other significant barriers included the lack of education, i.e. a degree, the lack of career paths and salary levels.

Survey

In the fall of 2002, a survey of a diverse group of CDC staff was conducted to solicit their perceptions on the barriers to the recruitment and advancement of people of color in CDCs. Web-based surveys were sent to approximately 85 CDC staff members, again including several former staff members, in the Greater Boston area. Nearly 50% responded, with many of their answers mirroring those from the focus groups.

Key survey findings were:

- Most CDC staff, both people of color and white people, agreed that the limited number of people of color in management positions within CDCs was a problem, if not a serious problem.
- Lack of knowledge about the community development field and CDCs in particular was a key barrier
- Discrimination – in the form of institutional racism and prejudice played a major role in limiting the number of people of color in management positions.
- Lack of support within CDCs and a lack of mentors were seen as barriers to advancement
- Sexism was not raised as a barrier even though 75% of the respondents were women

Not surprisingly, some of the differences in the survey responses of staff of color and white staff were striking. Most notably, 33% of the staff of color identified racism/prejudice as the most important reason, whereas only 13% of the white staff said that this issue was a reason. While 17% staff of color saw the lack of support as the most important reason, white staff did not raise this as an issue.

Executive Director Surveys and Interviews

Finally, CDC executive directors were asked to participate on two levels – six responded to the initial survey, which was then slightly revised and used with the above-mentioned staff. Ten executive directors were interviewed by members of the Diversity and Human Capital Committee during the spring of 2003.

Findings from the executive directors were wide-ranging. As with other CDC staff of color, executive directors of color raised similar issues pointing to racism – constantly having to “prove themselves,” facing “low expectations,” and, in some instances, lacking real power. Often, white executive directors saw these same dynamics being played out – admitting that “sometimes the role that power brokers play is patronizing, particularly in communities of color” and that “the system is heavily weighted against people of color.” At the same time, executive directors pointed to a number of other barriers, including the lack of support, the lack of career paths, pay, and a lack of knowledge about the community development field – to a large extent agreeing with focus group and survey respondents.

Examining the Findings

As the Diversity and Human Capital Committee began examining the findings, it was clear that solutions must be sought not simply at the CDC level, but at the sector level. Our approach had to be one that brought together the community development *field* and drew upon the collective wisdom and resources of our industry to seek common solutions.

A broad group of stakeholders from the community development field came together – under the banner of the Working Group to Transform the Face of Community Development in Massachusetts – to review and challenge the findings and, using an approach called “appreciative inquiry,” to help devise strategies to “create and sustain an environment which values and reflects, particularly within its leadership, the racial and cultural diversity of the communities in which we work.”

During the course of four facilitated meetings, the Working Group articulated this vision for the community development field:

- As organizations, we are dynamic, open, welcoming, supportive, and participatory. We value, respect, and celebrate diversity. We encourage open, two-way communication and embrace different leadership styles and perspectives.
- All leaders within the community development movement (at the staff, board, and community levels) are committed, courageous, and supportive of diverse leadership. As a whole, the leadership reflects the communities in which we work and builds an open, respectful relationship with the community. Leaders actively recruit individuals from a wide range of backgrounds, cultures, races, and economic circumstances and set the tone for an inclusive, supportive organizational culture.
- Leaders and others within the community development movement acknowledge the existence of race and racism in our organizations and our communities, and demonstrate the will and the commitment to addressing the issues.
- Learning, teaching and mentoring are valued. Community development organizations create ongoing opportunities for learning and growth among staff, board, and residents at all levels. Current leaders demonstrate their commitment to learning by actively mentoring new leaders of color within the movement.
- The community development field is well known and is a career of choice for individuals from a wide range of backgrounds, cultures, races, and economic circumstances. There are clear paths for advancement and people understand the skills and competencies needed to advance in the community development field.

Next Steps

The efforts of the Working Group to Transform the Face of Community Development are clearly only a beginning, but they demonstrate what we as a field can achieve by working together. The propositions give us an excellent starting point from which to build and achieve a shared vision for community development that will result in more vibrant, healthier, and engaged communities; stronger, more inclusive, productive and diverse organizations; and a more sustainable community development industry.

We hope that these findings will serve to challenge your thinking, engage you in dialogue and move you to action. We invite you – as a community development practitioner, funder, supporter, community resident, or other interested party – to review the data following this summary and to share your comments, insights and experiences with us. And then, join us in transforming the face of community development in Massachusetts!

(DRAFT)

THE MASSACHUSETTS COMMUNITY DEVELOPMENT DIVERSITY COMPACT

The community development field in Massachusetts – i.e., CDCs, other non-profits, private developers, banks, intermediaries, regulators, colleges and universities, and funders – enjoys a reputation for innovative, cutting-edge work. It boasts nationally recognized organizations and many of its programs have served as models for replication in other parts of the country. Few places in the country can claim the success or depth of capacity that exists in Massachusetts and Boston in particular. Yet, our field is threatened by what has been an intractable problem.

As leaders of community development organizations in Massachusetts, we are concerned about the limited racial and ethnic diversity, particularly in senior management levels, in the community development field. While this problem is evident in organizations, corporations and institutions in many fields in our Commonwealth, its persistence in community development is troubling given the movement's roots in empowering disenfranchised people and communities. The important work of our field cannot succeed, nor can it be sustained, unless the barriers to achieving full diversity and true representation are faced directly.

Indeed, there are many barriers that have prevented us from achieving greater diversity at the leadership level. However, we recognize that institutional racism and prejudice have been the root cause of many of these barriers.

In focusing on this issue, we are not so naïve as to assert that institutionalized racism or prejudice is unique to the community development field. Our heritage of having nearly five centuries of systemic racial subjugation has created a culture that propagates racist attitudes and actions - often without the perpetrator realizing the consequences of his/her actions. In order for us to truly address racism in community development, we need to re-analyze every facet of every policy and program that we offer. And, we need to understand how each of us interacts with our various societies and how we can combat racism as it impacts ourselves, our organizations and the communities that we serve.

For many industries, even beginning to tackle an issue as pervasive as racism would be a hopeless cause; however, the community development field has made significant inroads over the past three decades in revitalizing low-income communities and improving the lives of the people in those communities. With that same spirit, we have decided to begin to address the impact that racism and other barriers have had on the diversity of the leadership of our field.

As practitioners, leaders and managers in the community development field we are committed to the following principles and agenda:

- We believe that, as in the larger society, the limited diversity at the leadership levels within our field is a direct effect of institutional racism and prejudice.
 - We are committed to educating ourselves, and the employees and directors of our organizations about prejudice, racism and institutional racism and the dynamics that perpetuate them in organizations and in our field.
 - We are committed to an ongoing educational process and to obtaining and devoting the necessary organizational resources to make it meaningful.
 - We are committed to assessing whether and how the dynamics of racism impact specific organizational conflicts, tensions and challenges.
- We are committed to working with academic institutions, which educate community development practitioners, to develop outreach programs and funding resources to enable prospective students to pursue education.
- We are committed to maintaining a focus on racial and ethnic diversity and believe that in the process of remedying lack of racial and ethnic diversity, other forces that create barriers to appreciating individual talents and gifts, such as sexism, homophobia, religious bigotry and ageism, will be challenged and confronted.
- We believe that the challenge and problems around diversity in community development face community based organizations (CDCs), government and quasi-government agencies, funders, intermediaries, and private lenders and that there must be a sector-wide response; CDCs cannot and should not be expected to carry the full burden of fixing the problem for the field.

- We are committed to creating open and supportive workplaces which value life experiences and create atmospheres that are conducive to all employees acquiring and strengthening skills and knowledge necessary to be effective in their positions and to advance, if desired; and for community development organizations to be successful.

- We believe that we will recruit and retain employees of all backgrounds more effectively by transforming our organizations into learning institutions and organizations that embrace lifelong learning.
 - We are committed to providing the time and financial resources to institutionalizing a full range of learning opportunities for employees at every level, including mentoring, peer learning, and support for conventional degree and non-degree coursework.
 - We are committed to serve as mentors and/or recruit senior managers to mentor practitioners with less experience.

- We recognize that transforming the face of community development in Massachusetts will be a long process and are committed to participating in that process over a number of years, while holding ourselves and our colleagues accountable to achieving steady, measurable improvements.
 - We believe that improvement in the diversity of the senior management tiers of our organizations will be a particularly salient measure of success.
 - We are committed to openly and honestly share our experiences about both successful and unsuccessful strategies, programs and initiatives to increase diversity, particularly at the leadership level, within the organizations, institutions and corporations in which we work.

Through our collective effort and commitment, we will increase the diversity of the leadership within our organizations and throughout our field by creating an environment that attracts, retains and supports the advancement of talented individuals of all races and backgrounds. Thus, we will ensure the legitimacy, effectiveness and sustainability of the community development field in Massachusetts.

Working Group to Transform the Face of Community Development

Steering Committee Meeting

March 2, 2004

NOTES

Present: Kathy Dalton (MACDC), Jim Haskell (Salem Harbor CDC), Sandra Hawes (DHCD), Pam Jones (LISC), Joe Kriesberg (MACDC), Tia Juana Malone (DLN), Nelson Merced (NRC), Mat Thall (LISC).

Nelson agreed to chair the meeting.

Roles/Responsibilities of Steering Committee and Working Group

Pam clarified the composition of the Steering Committee: to reflect the racial and ethnic diversity of the field and be representative of the various sectors of the field.

Current steering committee members include: Ralph Cooper (Veteran's Benefits Clearinghouse), Joe Flatley (MHIC), Janet Grogan (The Community Builders), Jim Haskell (Salem Harbor CDC), Sandra Hawes (DHCD), Joe Kriesberg (MACDC), Tia Juana Malone (DLN), Nelson Merced (NRC), Mat Thall (LISC) and Karla Tolbert (Fenway CDC).

It was suggested that the group be expanded to include an additional CDC person, a representative from The Partnership, a banker and a funder. [Names should be submitted to Pam or Kathy who will follow-up]

After discussion, the group agreed to the following roles and responsibilities:

The Steering Committee's role is to help provide more strategic thinking and overall direction to the Working Group's efforts, and to encourage broad buy-in from across the community development field. The Steering Committee serves as the decision-making body and has the following responsibilities:

- Takes the lead in planning/strategic thinking
- Generally oversees and monitors the Working Group process and operation/implementation
- Develops overall goals
- Creates work plan
- Sets up an evaluation process
- Develops a resource development plan
- Develops an outreach strategy

Designated steering committee members will:

- Review agendas for larger group meetings
- Facilitate larger group meetings

Steering committee members will serve for one year.

The Working Group is a broad group of stakeholders from all sectors of the community development field, who are committed to increasing the diversity of the leadership of the field. The Working Group will act as a general assembly, i.e. membership body, and serve as a forum for dialogue/"Think Tank"

around critical issues and policies relating to the Working Group's goals. The responsibilities of members are to:

- Share and promote the efforts of the Working Group within his/her organization
- Participate in Working Group meetings, activities, and programs
- Provide input/feedback to the Steering Committee
- Recruit others
- Serve on committees of interest

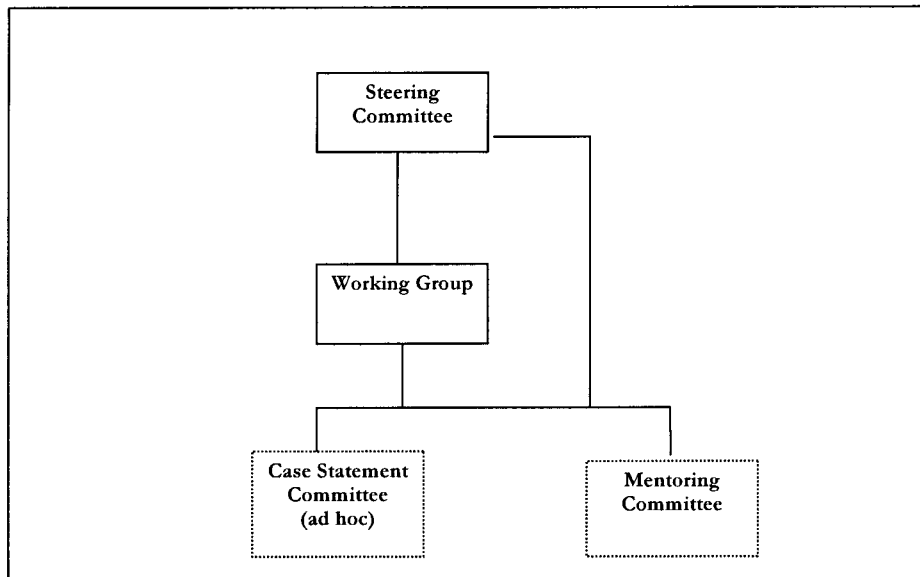
It was suggested that the Working Group meet quarterly as a whole.

Committees will be formed, as needed, to focus on specific strategies that have been identified (propositions). Committees will be responsible for presenting detailed plans/recommendations to the Steering Committee for approval.

Steering Committee members agreed to the following operating procedures:

- Decision-making will be generally by consensus
- Meetings generally will be monthly, except months that the full Working Group meets
- There will be a rotating chair who will be designated at the previous meeting

The overall structure of the Working Group would look like this:



The group agreed that the Working Group should be taken on as an industry-wide effort and not as simply a LISC and/or MACDC project. The Steering Committee is accountable to the Working Group and all organizations endorsing the case statement. LISC and MACDC will continue to provide staffing to this effort, with LISC serving as the fiscal sponsor. It was suggested that a Memorandum of Understanding be drafted to delineate roles and responsibilities.

The Working Group will be asked to ratify these recommendations. An open invitation will be extended to other participants who wish to serve on the Steering Committee.

After a brief discussion about the name “Working Group,” members agreed that we need to come up with another name. Mat suggested that we need to “brand” this effort.

Next Working Group Meeting

Steering committee members agreed on the following for the next Working Group meeting:

- Provide some background/history of this effort to inform or remind people of how we got to this point
- Present the steering committee and the roles/responsibilities and structure for ratification
- Present the case statement and plan for endorsement process for ratification
- Provide a brief update on the work of the mentoring committee

Members raised several concerns around the endorsement process for the case statement. The intent of asking groups to “sign on” to the case statement is threefold:

- To make increasing the diversity of the leadership of the community development field an issue with broad-based support from across the field
- To promote dialogue and create an environment at the board (and staff) level for explicit conversations around racism and the need to increase diversity
- To encourage individuals and organizations to go beyond dialogue and to take action

Everyone acknowledged that having these discussions would be difficult. Organizations may need help around having the conversation and in figuring out next steps. Jim and Joe voiced concerns around ensuring that genuine conversation takes place and is not driven by funding. A suggestion was made that steering committee members (or staff) ask to attend the board meeting in which the case statement will be discussed. It will be important to present the case statement and the endorsement in a positive light.

Jim volunteered to be one of the facilitators and suggested that someone from the mentoring committee co-facilitate.

The next meeting of the Steering Committee will be on May 11th at 10:00am at LISC. Tia Juana volunteered to chair. The agenda will focus on outcomes for the Working Group effort. Nelson proposed that the Steering Committee start with thinking about outcomes and develop goals based on them. Joe suggested that Kathy and Pam review the propositions and develop proposed outcomes, goals and work plan that the Steering Committee can use as a starting point for discussion.