

COMMUNITY
ECONOMIC
DEVELOPMENT
PROJECT REPORT:

**Increasing the Diversity
of CDC Leadership**

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April 2004
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ABSTRACT

Over the past decade, the Local Initiatives Support Corporation (LISC) and the Mass Association of Community Development Corporations (MACDC) have worked together to help area community development corporations (CDCs) to increase the racial and ethnic diversity of their staffs through a variety of programs and strategies. Though strides have been made, much remains to be done.

This project, “Increasing the Diversity of CDC Leadership,” sought to determine the factors preventing greater diversity at the CDC management/leadership level, convene a group of stakeholders to begin a dialogue around the key barriers, build a consensus around 2-3 key barriers, and develop strategies to address these barriers.

SUMMARY

Target Community

My community is the community development corporations (CDCs) in the Greater Boston area and, to a lesser extent, other CDCs within Massachusetts. Today there are nearly thirty CDCs in Greater Boston and close to seventy throughout the state.¹

Housing development remains the core business of the majority of Boston area CDCs, but many have taken on comprehensive community revitalization agendas, including commercial development, small business assistance, job training or creation, community organizing, neighborhood planning, youth development, social services, and advocacy.

Problem Statement

If Boston area CDCs do not increase the number of people of color² in leadership positions in their organizations, such that they are represented in numbers reflective of the communities served by the

¹ Massachusetts Association of CDCs (MACDC) Membership Directory

respective CDC, the knowledge, talent and skills of people of color will not be tapped, CDCs will lose development opportunities, resources and support for their organizations and their projects, and the full potential of the resources that CDCs can provide to the community will not be realized.

Goal Statement

The leadership of Boston area CDCs will reflect the racial and ethnic diversity of the neighborhoods that they serve.

Project Objectives

- Identify the key barriers to increasing the number of people of color in leadership positions at Boston area CDCs
- Produce and disseminate a draft report, which outlines major findings about the key barriers
- Convene a diverse group of stakeholders to begin a dialogue about the key barriers
- Build a consensus around 2-3 key barriers
- Develop strategies to address the 2-3 key barriers

Current Conditions of Target Community

Boston area CDCs do not fully reflect the racially and ethnically diverse neighborhoods that they serve. While there are many people of color who work in CDCs, most occupy positions on the bottom-rungs of the ladder. Relatively few are in leadership level positions. Many people of color feel that they are not valued or supported and that people of color are not afforded the same opportunities that white people are.³

Desired Conditions for Target Community

Boston CDCs would fully reflect the racially and ethnically diverse neighborhoods that they serve. People of color would occupy CDC leadership level positions in numbers reflective of the

² I define “people of color” to include Asians, Blacks, Latinos and Native Americans

³ Based on surveys and focus groups conducted during 2002

neighborhoods served by CDCs. All CDC staff would feel that they are valued and supported, and that they have the opportunity to grow in their position and advance in their career.

Objectives That Would Be Achieved If Project Were Successfully Completed

- Identify the key barriers to increasing the number of people of color in leadership positions at Boston area CDCs – I will have conducted sufficient research to gain a better understanding of why so few people of color occupy CDC leadership positions.
- Produce and disseminate a draft report, which publicizes findings about the key barriers – Based on my research findings, I will have written and distributed a report that summarizes the key barriers for the limited number of people of color in CDC leadership positions.
- Convene a diverse group of stakeholders to begin a dialogue about the key barriers – I will identify and recruit a diverse group of community development practitioners and supporters. This group will review and debate the results of my research.
- Build a consensus around the 2-3 key barriers – My research has shown that there are a number of barriers facing people of color. Having broad consensus and focusing our efforts around 2-3 key barriers will help increase our chances for success. Using the results of my research, the working group will participate in several facilitated discussions to determine the 2-3 barriers, which are most critical to increasing the number of people of color in leadership positions.
- Develop strategies to address the 2-3 key barriers – Once there is sufficient consensus around the 2-3 key barriers, the D&HCC will work with other stakeholders to develop comprehensive strategies that will minimize or eliminate the barriers.

Objectives Which Have Been Fully Achieved

- Identify the key barriers to increasing the number of people of color in leadership positions at Boston area CDCs
- Produce and disseminate a draft report, which publicizes major findings about the key barriers
- Convene a diverse group of stakeholders to begin a dialogue about the key barriers

Objectives Which Have Been Partially Achieved.

- Build a consensus around the 2-3 key barriers

Objectives For Which No Tasks Have Been Initiated

- Develop strategies to address the 2-3 key barriers

Conclusion/Recommendations

In doing this project, I came to see that many people within the CDC field and within the larger community development industry are concerned about the lack of diversity in the leadership, but that most see it as an intractable problem that every organization must deal with on its own. In doing the research, I was unable to find any examples of this issue being taken up by the community development industry in other cities, with the exception of another LISC site in Minneapolis.⁴

This project goes beyond the work being done in Minneapolis, though we can certainly learn something from them. However, we have the potential to make an important contribution to the field not only within Massachusetts, but also nationally.

Suggestions that I would make to someone doing a similar project:

- *Develop assumptions up front.* Developing assumptions earlier in the process would have helped in determining the goals and objectives. The assumptions would have pointed to the need to broaden the “community” of stakeholders in the beginning, i.e. beyond CDCs and the participants in the Diversity and Human Capital Committee. Also, having the framework of the assumptions early on would have helped to shape the research.

⁴ GrayHall, 2000

- *Build a broad stakeholder group from the beginning.* Although I recognized the broad group of stakeholders that would be impacted by this project, I did not bring them in until fairly late in the process. The focus on CDCs unnecessarily limited the research and the issues. It also has made it more difficult for other stakeholders to feel the same “buy-in” that the D&HCC members have.
- *Involve “the community” from the outset.* In developing my project, I did not appreciate the importance of the larger “community,” i.e. residents, resident/neighborhood associations, and community-based organizations other than CDCs.
- *Recognize that this is a long-term effort.* Although I have been working on this issue for over five years at LISC and others in the field have probably been working on the issue for ten years or more, I had not recognized the depth of the problem and what it will take to truly transform the face of community development in the Greater Boston area. It will take an industry-wide response, a culture change within our organizations and a long-term commitment.
- *Think Big.* In starting this project, my expectation was to identify two or three key barriers and develop a couple of programs – boom! Although I certainly didn’t expect that would solve the problem, I hoped that it would lead to some increase in the number of people of color in management positions and that it would fulfill the requirements for a satisfactory grade in project. However, the project has evolved far beyond where I hoped it would go, involving the heads of departments and organizations and becoming part of the strategic plans of both LISC and MACDC.

TARGET COMMUNITY

My community is the community development corporations (CDCs) in the Greater Boston area and, to a lesser extent, other CDCs within Massachusetts. Today there are nearly thirty CDCs in Greater Boston and close to seventy throughout the state.

Once one and two-person operations, the average Boston CDC employs 10-15 people; several have staffs of 30 or more. However, many CDCs do not have staff that reflect the racial and ethnic diversity of the communities served by the CDC, particularly at the leadership level. In a 1998 statewide survey conducted by the Massachusetts Association of CDCs (MACDC), whites made up over 87.8% of CDC management/leadership positions, including 73.4% of assistant directors and 75% of financial directors. In 2001, 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 Boston community. Fifty-seven, or 70%, of the management/leadership of the 16 CDCs were white; six, or 14%; were Black; five, or 9%, were Latino; and four, or 7%, were Asian.

Housing development remains the core business of the majority of Boston area CDCs, but most have taken on comprehensive community revitalization agendas. Many are involved in some form of economic development, i.e. commercial development, small business assistance, job training or creation; and a good number are doing community organizing, neighborhood planning, youth development, social services, and advocacy.

PROBLEM STATEMENT

If Boston area CDCs do not increase the number of people of color in leadership positions in their organizations, such that they are represented in numbers reflective of the communities served by the respective CDC, the knowledge, talent and skills of people of color will not be tapped, CDCs will lose development opportunities, resources and support for their organizations and their projects, and the full potential of the resources that CDCs can provide to the community will not be realized.

GOAL STATEMENT

The leadership of Boston area CDCs will reflect the racial and ethnic diversity of the neighborhoods that they serve.

CURRENT CONDITIONS OF TARGET COMMUNITY

Boston area CDCs do not fully reflect the racially and ethnically diverse neighborhoods that they serve. While there are many people of color who work in CDCs, most occupy positions on the bottom-rungs of the ladder. Relatively few are in leadership level positions. Many people of color feel that they are not valued or supported and that people of color are not afforded the same opportunities that white people are.

DESIRED CONDITIONS FOR TARGET COMMUNITY

Boston CDCs would fully reflect the racially and ethnically diverse neighborhoods that they serve. People of color would occupy CDC leadership level positions in numbers reflective of the neighborhoods served by CDCs. All CDC staff would feel that they are valued and supported, and that they have the opportunity to grow in their position and advance in their career.

OBJECTIVES

- Identify the key barriers to increasing the number of people of color in leadership positions at Boston area CDCs
- Produce and disseminate a draft report, which publicizes major findings about the key barriers
- Convene a diverse group of stakeholders to begin a dialogue about the key barriers
- Build a consensus around 2-3 key barriers
- Develop strategies to address the 2-3 key barriers

BACKGROUND

Most CDCs in Boston and elsewhere were the products of struggle. Community people saw a problem and came together to fight and to change things. In Boston, the problem was typically the lack of affordable housing.

CDCs were then one and two-person staffs, figuring out what had to be done – often without the requisite skills, but with sheer determination and hard work. However, over the years, as the work of CDCs has become more and more complex, the level of skills required has increased and the degree of “professionalism” has risen. Enter the MIT and (Harvard) Kennedy School graduates, the former lawyers, architects, bankers; the white “lefties,” - educated, skilled, committed men (and increasingly women), ready to rebuild inner-city neighborhoods. However, what this led to for many CDCs was losing the “community” in community development. And that, along with two decades of tremendous changes in Boston’s neighborhoods,⁵ finally forced many CDCs to come to grips with the fact that they did not reflect the communities that they were supposed to be representing. In particular, people of color were not fully represented in CDCs, and particularly in the management, i.e. the leadership, of CDCs.

My project first developed out of a need that I recognized in the planning of the Career Paths Program – a program designed specifically to help CDC staff of color to advance within CDCs. Many of the staff whom we were targeting were entry-level or in non-management positions, some who had been working in their CDCs for years. In looking at why they had not advanced, I saw many possible reasons, but chose to focus on the lack of understanding about CDCs as well as the larger community development field.

At this point, the focus of my project shifted, as I realized the one barrier that I had identified might not be the key barrier. I knew then that I needed to determine what my community saw as the key barriers.

⁵ Boston’s population is now 51% of color

The seemingly obvious reasons for the limited number of people of color in CDC leadership positions were lack of education⁶ or inadequate level of skills. Many of the existing LISC and MACDC programs have been targeted towards staff education and training to help staff, particularly staff of color, to gain the necessary knowledge and skills⁷ to advance into leadership.

However, for many staff, the idea of advancement or of making a “career” with 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.⁸

Also, as a consequence 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.

Most CDC staff, particularly those in lower-level positions, end up at a CDC because they need a job. Once they arrive, they are usually “oriented” to their CDC and their job, but usually little 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, particularly outside of Boston and nationally? Few CDC staff have a sense of “the movement” of which they are a part and therefore have no reason to want to be connected and committed to the field.

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 CDCs as an emerging industry. However, there is still no established way 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

⁶ See LISC report

⁷ For example, the Minority Fellows Demonstration Program, the Community and Regional Economic Development Internship and Training (CREDIT) Program, and Career Paths

⁸ Development Training Institute, 2001

career tracks, the perception is that there is nowhere to go except out of the CDC if you want to advance.

Finally, the impact of racism and classism cannot be minimized. Even for CDCs that are conscious of and struggling with these issues, the everyday effects of institutional and personal racism and classism can serve to deny opportunities to people of color and to others residing in communities served by CDCs, and impede their development. The results from the focus groups, which were held in March of 2002, and the survey, which was conducted in the fall of 2002, speak to the perpetuation of racism and prejudice and their impact.⁹

RESULTS

Objectives That Would Be Achieved If Project Were Successfully Completed

- Identify the key barriers to increasing the number of people of color in leadership positions at Boston area CDCs – I will have conducted sufficient research to gain a better understanding of why so few people of color occupy CDC leadership positions.
- Produce and disseminate a draft report, which publicizes findings about the key barriers to increasing the number of people of color in leadership positions at Boston area CDCs – Based on my research findings, I will have written and distributed a report that summarizes the key barriers for the limited number of people of color in CDC leadership positions.
- Convene a diverse group of stakeholders to begin a dialogue about the key barriers to increasing the number of people of color in leadership positions at Boston area CDCs – I will identify and recruit a diverse group of community development practitioners and supporters. This group will review and debate the results of my research.
- Build a consensus around 2-3 key barriers to increasing the number of people of color in leadership positions at Boston area CDCs – My research has shown that there are a number of barriers facing people of color. Having broad consensus and focusing our efforts around 2-3 key

⁹ Jones, Pam, 2002; Survey Report

barriers will help increase our chances for success. Using the results of my research, the working group will participate in several facilitated discussions to determine the 2-3 barriers, which are most critical to increasing the number of people of color in leadership positions. Once the working group has reached some consensus, the group will lead the effort, along with the Diversity & Human Capital Committee (D&HCC) to help to broaden the consensus.

- Develop strategies to address the 2-3 key barriers to increasing the number of people of color in leadership positions at Boston area CDCs – Once there is sufficient consensus around the 2-3 key barriers, the D&HCC will work with other stakeholders to develop comprehensive strategies that will minimize or eliminate the barriers.

Objectives Which Have Been Fully Achieved

- Identify the key barriers to increasing the number of people of color in leadership positions at Boston area CDCs – Two focus groups have been conducted (see Appendix A). A survey of CDC staff was conducted (see Appendix B). Interviews with executive directors were conducted (see Appendix C).
- Produce and disseminate a draft report, which publicizes major findings about the key barriers – Findings were produced in “Transforming the Face of Community Development in Massachusetts” (Appendix E).
- Convene a diverse group of stakeholders to begin a dialogue about the key barriers – The first meeting of the working group was convened on April 15, 2003 (see Appendix D).

Objectives Which Have Been Partially Achieved.

- Build a consensus around the 2-3 key barriers – This has begun with the first meeting. Over the course of four meetings, the group will achieve some consensus (see Appendix E – Provocative Propositions).

Objectives For Which No Tasks Have Been Initiated

- Develop strategies to address the 2-3 key barriers – This objective has not begun. (The initial results - achieved in July 2003 - can be seen in Appendix E – Provocative Propositions).

METHOD OF MONITORING

The D&HCC played the major role in monitoring the project. The LISC Organizational Development Committee also played a monitoring role, as I reported on the project to this committee on a regular basis. Based on the project's five objectives, activities and monitoring indicators were developed. The project's indicators and results [in bold] were as follows:

- # focus groups held, # participants attending – **2 focus groups held; a total 23 participants attended**
- # interviews conducted – **9 interviews conducted**
- # surveys completed – **48 surveys completed**
- Quality of information from focus groups, surveys and interviews – **see appendix for results. All yielded useful information**
- Report completed – **see appendix**
- # stakeholders recruited to subcommittee – **over 30**
- stakeholders are representative of different parts of the CD field – **includes representatives from CDCs (staff and board members), minority developers, other private developers, intermediaries, local and state government, banks/lenders, universities, and community-based organizations**
- Meeting(s) held – **meetings began in April 2003**
- Dialogue started – **in April 2003**
- Level of participation of subcommittee members – **over 20 people attended the first meeting**
- Quality of subcommittee discussion – **excellent**
- Subcommittee reaches consensus on 2-3 key barriers – **not yet**
- Additional stakeholders “buy-in” to barriers – **not yet**
- Strategies are developed – **not yet**

EVALUATION

The plan was to do a participatory evaluation¹⁰ in which all, or most, stakeholders were involved at some point. The evaluation was to look at each of the objectives and ask:

1. Did we do what we said we would do?
2. What did we learn about what worked and what didn't?
3. What difference did it make?
4. What could we do differently?
5. How can we use the results of the evaluation for continuous learning?

The D&HCC agreed to evaluate the project periodically – after the focus groups, after the report has been disseminated, at the end of my time in the CED Program (April 2003), and after the program has been in operation for one year.

After the focus groups, the D&HCC took some time to answer the five questions (see appendix). The group felt that overall the focus groups had been successful. However, by the time the report was disseminated, the D&HCC had been absorbed by what came to be called the “Working Group to Transform the Face of Community Development in Massachusetts.” A cursory evaluation by meeting participants was done at the end of the April meeting, however, little in the way of real evaluation has taken place since the focus groups. As with many programs or projects, “doing it” often takes so much time and energy that it is difficult to reflect upon or evaluate it. As the project begins to seek funding, we will have more opportunity – both due to funder requirements and hopefully with funder dollars – for evaluation.

CONCLUSIONS/RECOMMENDATIONS

This project has been a labor of love for me. Although I have had many moments of doubt, fear and frustration, the interest, support and involvement of many people who are committed to doing something about this issue has kept me going.

Well into the project, I developed the following assumptions, which although unstated, had in fact been the premises underlying the project:

¹⁰ Guide to Project Evaluation

- There are a limited number of people of color in CDC leadership positions.
- The limited number of people of color in CDC leadership positions is seen as a problem by my target community.
- There are a number of barriers to increasing the number of people of color in CDC leadership positions, including: lack of knowledge about community development/CDCs, lack of clear career paths, lack of support, and institutional and personal racism.
- Existing strategies to address the problem have had some success; however, efforts have been scattered and have not sufficiently increased the racial and ethnic diversity of CDC leadership.
- The problem is not just a “CDC problem;” it is a societal problem affecting the entire community development field. Therefore, obtaining buy-in from a diverse group CDC staff as well as stakeholders from the larger community development field is critical to successfully addressing the problem.

These assumptions are supported by the research and by the experiences of members of the D&HCC and others.

In doing this project, I came to see that many people within the CDC field and within the larger community development industry are concerned about the lack of diversity in the leadership, but that most see it as an intractable problem that every organization must deal with on its own. In doing the research, I was unable to find any examples of this issue being taken up by the community development industry in other cities, with the exception of the Twin Cities LISC site in St. Paul.¹¹

Changing the Face of Housing in Minnesota (CFHM) is a collaboration of three organizations, one of which is a funder who has committed significant dollars to that project.¹² CFHM has an advisory committee, and is governed by the three organizations. That project has identified similar barriers to increasing diversity, but focuses on community participation in processes and decisions relating to housing. CDCs play a minimal role in their project.

This project goes beyond what is being done in Minnesota, though they have had some significant accomplishments and I have certainly learned much from their work. I believe that we have the

¹¹ GrayHall, 2000

¹² Changing the Face of Housing in Minnesota, 2002

potential to make a far greater contribution to the field not only within Massachusetts, but also nationally, given the scope of this project, the broad involvement from across the whole industry, and the focus on racism.

Suggestions that I would make to someone doing a similar project:

- *Develop assumptions up front.* Developing assumptions earlier in the process would have helped in determining the goals and objectives. The assumptions would have pointed to the need to broaden the “community” of stakeholders in the beginning, i.e. beyond CDCs and the participants in the Diversity and Human Capital Committee. Also, having the framework of the assumptions early on would have helped to shape the research, i.e. the focus groups, survey and interviews probably would have included more stakeholders than just CDC staff and most likely, some of the questions would have been altered. Finally, more attention should have been paid to whether the project focused on advancement, recruitment, or both, and whether diversity should have been expanded to include class as well as race. Class came up as an issue early on during the focus groups, but I chose not to pursue it. This decision would have been better made by my “community,” after discussion by the group.
- *Build a broad stakeholder group from the beginning.* Although I recognized the broad group of stakeholders that would be impacted by this project, I did not bring them in until fairly late in the process. The focus on CDCs unnecessarily limited the research and the issues. It also has made it more difficult for other stakeholders to feel the same “buy-in” that the D&HCC members have. Time will need to be taken more to build relationships and build trust that does not exist now amongst the group.
- *Involve “the community” from the outset.* In developing my project, I did not appreciate the importance of the larger “community,” i.e. residents, resident/neighborhood associations, and community-based organizations other than CDCs. Initially, in doing my stakeholder analysis, I rated what I termed the “external community” as low. However, the “external community,” many of whom knows little or nothing about CDCs, should have been recognized as a critical stakeholder in this process. The “community’s” limited knowledge and involvement in many of the organizations within the community development field, particularly CDCs, is a major

part of the problem – the limited number of people of color in leadership positions. There is a need to better more and stronger bridges between “the community” and the community development field.

- *Recognize that this is a long-term effort.* My initial thinking was that after identifying the key barriers, we would develop a few strategies, implement them and see some change. Although I have been working on this issue for over five years at LISC and others in the field have been working on the issue for ten years or more, I had not recognized the depth of the problem and what it will take to truly transform the face of community development in the Greater Boston area. This is an issue not only for the community development field, but also for every other industry. It will take more than another program or a few strategies. It will take an industry-wide response, a culture change within our organizations and a long-term commitment.
- *Think Big.* In starting this project, my expectation was to identify two or three key barriers and develop a couple of programs – boom! Although I certainly didn’t expect that would solve the problem, I hoped that it would lead to some increase in the number of people of color in management positions and that it would fulfill the requirements for a satisfactory grade in project. I thought it would be done.

However, along the way, I received a lot of encouragement from my instructors and my classmates about the significance of this project. As I was looking at mid-level staff to be a part of the working group, my program director at LISC was saying, “Think big – ask the executive director, the head of the city department, the regional director...” The project has become part of the strategic plans of both LISC and MACDC and we do have the heads of departments or organizations involved and committed to working together for the long haul.

Increasing the diversity of CDC leadership was the goal of this project. But as the project concludes, it has become much more. This project is the starting point from which to build and achieve a shared vision for community development that will result in stronger, more inclusive, productive and diverse organizations and a more sustainable community development industry. Thank you SNHU for giving me the opportunity to dream and to be the spark for something bigger than I could have ever imagined.

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