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Community Organizing at CDC's: Implications for Practice

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Executive Summary

This study explores the ways community organizing takes place at community development corporations (CDC's). CDC's are non-profit, community-based organizations that serve low or moderate income communities through physical, economic and cultural development as well as the provision of social services. This study examines the successes and challenges experienced by CDC's that practice community organizing. The researcher conducts a thorough literature review and a survey with a sample of CDC's in Massachusetts to explore these topics. This research will inform those in the field and ensure CDC's future organizational effectiveness as well as the best possible outcomes for local communities.

Review of the Literature

Critics view the effectiveness of incorporating community organizing within a CDC setting in a variety of ways. Stocker (2003) proposes that community organizing and community development practices should not occur within the same institution and communities would be better served if they were separated into different organizations. He believes community organizing is concerned with building the power of residents in a community, while community development focuses mostly on physical development.

Mandell (2009) critiques Stocker (2003) by citing an ethnographic study she conducted with Lawrence Community Works in 2006. She proposes three best practices to ensure community development and community organizing work together effectively. Other sources contend that a focus on capacity building in the community through an asset-based community development model is the best way to align development and organizing goals (Kretzmann and McKnight, 1993; Rubin, 1994; Traynor, 1995; Green,

2012). Mandell's (2009) study of the successes experienced by Lawrence Community Works mentions a "network approach" used by the organization that is similar to the asset-based community development model.

Methods

There are approximately 4,600 CDC's in the United States (Green, 2012). This study identifies a small segment of them to survey. Executive directors from 41 CDC's in Massachusetts that are full members of the Massachusetts Association of Community Development Corporations (MACDC) were contacted to participate in this study. The researcher contacted the executive directors who had e-mail addresses available online and asked them to complete a brief survey researching the ways community organizing takes place at CDC's.

The survey utilizes quantitative and qualitative data. Major findings from the survey are connected back to the literature. A typology by Winkelman (1997), who has completed an extensive study on the ways CDC's in Massachusetts do community organizing, is used in this survey. This study provides a follow up analysis to see if CDC's are doing organizing in similar or different ways than in the past. Winkelman's (1997) study also analyzes the Ricanne Hadrian Initiative for Community Organizing (RHICO), which supported and trained Massachusetts CDC's to do community organizing from 1997 to 2006. This study assesses how CDC's in Massachusetts were impacted by this initiative.

Results

The survey results show that most executive directors feel community organizing is "very important" to their CDC and they are "effective" at doing it. Based on the

typology provided by Winkelman (1997), the sample of CDC's surveyed mostly engage in community organizing activities such as "community building events" and "organizing as support for development." Survey respondents frequently comment on the challenges of securing funds to sustain community organizing practices at their CDC's. The results are similar to findings in the literature.

Limitations

This study faces limitations based on its small sample size and small geographic area of respondents. Due to time constraints, the researcher was unable to conduct a pre-trial test of the survey to check for misunderstandings with the wording or meaning of questions. Additionally, it is always difficult to measure the effectiveness of programs at organizations, especially ones that have social goals.

Conclusion

Although the differences between community development and community organizing approaches within CDC's can appear very subtle, they are differences worth critiquing as they can have significant implications for the CDC's and their targeted communities. Although in theory CDC's should be able to select whatever forms of organizing are the most relevant for their specific communities, they are often constrained by the pressures of outside funding sources such as intermediaries and government.

Community organizing at CDC's: Implications for practice

History of CDC's

Community development corporations (CDC's) trace their origins to the 1960's. Community activists organized to form CDC's in response to racial inequality and economic disinvestment in local communities. In 1966, Robert Kennedy visited the Bedford-Stuyvesant neighborhood in Brooklyn, New York. He helped set up the nation's first CDC the Bedford-Stuyvesant Restoration Corporation, which focused primarily on economic development of the area. Kennedy drafted the Special Impact Amendment to the Economic Opportunity Act of 1964, which provided the first major source of federal funding for CDC's. In the 1960's, fewer than 100 CDC's existed (Green, 2012b).

During the 1970's, the number of CDC's grew to 1,000 with the assistance of funding from the federal government and private foundations like the Ford Foundation's Grey Areas Program (Green, 2012b). CDC's shifted from focusing on economic development to housing development. At this time, community groups became increasingly concerned about issues of redlining and urban renewal. The federal government's Community Services Administration established in 1975 helped the CDC movement grow considerably by providing direct support for technical assistance, staff salaries, core budget operations, and administrative costs (Johnson, 2004).

In the 1980's, the number of CDC's expanded to more than 2,000 despite federal government cutbacks in community development and housing funds (Green, 2012b). The private sector played more of a prominent role in funding CDC's along with the rise of national financial intermediaries such as the Local Initiatives Support Corporation

(LISC). The Ford Foundation established LISC in 1979 and provided CDC's with financial and technical assistance.

Since the 1980's, CDC's are increasingly specialized and CDC staff are more professional compared to their past roles as community activists. Although CDC's engage in comprehensive programming, they are primarily focused on affordable housing development. This is partly due to the availability of federal and local government funding for housing development projects. The U.S. Department of Housing and Urban Development initiated a few critical programs to support community development. In 1974, CDC's began receiving Community Development Block Grants (CDBG's) to put towards a variety of community issues. In the 1990's, CDC's also began receiving funding from the HOME program, which earmarks 15% of each jurisdiction's funds for non-profit housing developers (Green, 2012b).

The recent debate

Today there are approximately 4, 600 CDC's in the United States (Green, 2012b). According to Johnson (2004), CDC's originally formed to work within the existing economic and political structure; however, CDC's often acted in opposition to it through community organizing processes. As a result, these institutions are ripe with tensions and contradictions (Johnson, 2004). The recent debate centers on what is the appropriate role for CDC's.

Some critics maintain that CDC's are professional, technical assistance providers. Others maintain that they exist to empower residents through community organizing and resident-driven development. Some critics (Silverman, 2009; Stoecker, 1997, 2001, 2003) argue that these two roles cannot co-exist within a CDC setting, while others contend

(Hannah, 2006; Mandell, 2009; Rubin, 1994; Traynor, 1995; Winkelman, 1997) that these two modes of operating can work simultaneously and can be mutually beneficial to each other.

Johnson (2004) suggests that CDC's need to re-evaluate their historical origins to inform what their appropriate roles should be in the future. Johnson (2004) maintains that a CDC's early development influences how it chooses its strategies for neighborhood revitalization, how it approaches the issue of community accountability, and how it encourages community participation. Community organizing activities are one way CDC's ensure community participation. However, if organizing is not part of a CDC's historical development, it may be difficult for a CDC to sustain it. Nevertheless, CDC's should assess what their appropriate role is in respect to community organizing to ensure future organizational effectiveness of the CDC and the best possible outcomes for local communities.

This study examines the ways community organizing is currently taking place at CDC's by conducting a thorough literature review and a survey with a sample of CDC's in Massachusetts. Massachusetts participated in a unique initiative from 1997 to 2006 called the Ricanne Hadrian Initiative for Community Organizing (RHICO), which provided funding, training, and technical assistance to CDC's to effectively incorporate community organizing into their community development efforts (Winkelman, 1997). This study uncovers some of the successes and challenges experienced by CDC's that practice community organizing. This research will help to renew interest on this important topic as well as inform practitioners in the field.

Definition of terms

CDC's are non-profit, community-based organizations that serve low or moderate income communities through physical, economic and cultural development as well as the provision of social services. They are intended to be community-controlled organizations and governed by a board consisting of at least one-third community residents (The Democracy Collaborative, n.d.).

Another definition of CDC's demonstrates the comprehensive approach these organizations take to community development work:

A CDC is a nonprofit, community-led organization that engages local residents and businesses to work together and with others to undertake community development programs, projects and activities which develop and improve urban, rural and suburban communities in sustainable ways that create and expand economic opportunities for low and moderate income people (Krisberg, 2010).

Vidal (1997) elaborates on the comprehensive nature of CDC's by describing some of the typical programs offered to community residents beyond housing production such as: homeowner and tenant counseling; weatherization assistance; housing for the homeless; community organizing and advocacy; neighborhood planning; clean-up campaigns; commercial and industrial real estate development; small business lending; and provision of human services (child care, emergency food pantry and job placement) (p. 2). CDC's often adhere to a "self-help approach," assuming that community development is about helping people to learn how to help themselves (Green, 2012b, p. 17).

CDC's engage in community organizing in a number of different ways. According to Stoecker (2003), community organizing entails developing relationships so people can press their demands collectively and gain power through the process. He often compares the traditional, conflict-oriented model of community organizing in which

society is made up of 'haves' and 'have nots' to other ways CDC's do organizing such as community building; consensus organizing; women-centered organizing; and CDC-based organizing (Stoecker, 2001).

Stoecker's (2001) definition of community building is similar to Kretzmann and McKnight's (1993) model of asset-based community development where the focus is on identifying and building a community's own assets or social capital rather than confronting or negotiating with external power and resource holders. Consensus organizing is concerned with building cooperative relationships among community leaders, businesses, and government. Women-centered organizing emphasizes relationship-building and gaining power, but it is process-oriented and concerned with individual development. CDC-based organizing tries to preserve confrontational community organizing activities within a community development institution.

Another way of looking at how CDC's practice community organizing is through a typology created by Winkelman (1997) to study CDC's in Massachusetts. The forms of organizing he describes include: resident council organizing; organizing to get control of development resources; grassroots community planning; issue organizing; political organizing; community building events; and organizing as support for development. These types of organizing are often related and CDC's frequently engage in more than one type. This study examines Winkelman's (1997) typology of community organizing in the "Methods" section.

Review of the Literature

Challenges of community organizing

Much of the literature on this topic discusses how to combine community organizing and community development approaches within a CDC. Stocker (2003) is one of the most cited critics of combining these two approaches under one roof. He contends that community organizing and community development operate under “contradictory worldviews” (Stoecker, 2003, p. 495). Community organizing approaches operate under a conflict perspective where the ‘have nots’ must confront the ‘haves’ in society to redistribute power, while community development approaches stress cooperation with the ‘haves’ in society to gain resources from them. Stoecker (2003) notes that community organizing approaches rely on community members as the experts on an issue, while community development approaches rely on outside technical experts.

Stoecker (2003) conducts a three year case study of 3 CDC's in Ohio. He uses participatory evaluation methods, observations, surveys, and in-depth interviews with CDC staff members. He finds that CDC's may operate more effectively if they segregate their community organizing activities into a separate organization (p. 12). The two separate organizations can then collaborate or partner to ensure that development projects are designed with the community's best interests in mind.

Stoecker (2001) proposes an alternative model for CDC's in which neighborhoods approach development through small community organizing groups and large high capacity CDC's that focus solely on development projects that come out of the organizing process of the organizing groups in the community. He finds that this alternative model is necessary because CDC's are often constrained by their funding

sources and cannot take the risks necessary to facilitate empowering community organizing work.

Stoecker (2001) finds that when CDC's move closer toward a traditional community organizing approach, they risk losing their government funding. If CDC's relegate their community organizing activities to a separate institution, then they will be able to bring more capital into a neighborhood and fund even more development projects. Studies have found that the larger the CDC's budget, the more successful the CDC is (Stoecker, 1997). Studies also show that large high capacity CDC's demonstrate higher efficiency scores (Cowan, 1999; Twelevetrees, 1989). However, the problem with removing community organizing activities from a CDC is that it leads to reduced resident support for CDC developments and an eventual distancing of the CDC from the neighborhood (Winkelman, 1997a).

Some critiques of CDC's claim that they operate more like a business than a non-profit (Rubin, 1995; Stoecker, 1997). Critics maintain that CDC's are "co-opted" by larger non-profit organizations and public officials into following their community development agendas (Rubin, 1995; Silverman, 2009; Stoecker, 1997). Rubin (1995) notes that financial intermediaries, which deliver funds to CDC's from banks, corporations, and foundations, co-opt CDC's into emphasizing physical production over social transformation goals because it is easier to show results to funders. Mandell (2009) agrees that CDC's technical expertise has the effect of compromising empowerment goals. As a result, some claim that CDC's have lost their "grassroots mentality" (Gittell, 1980; Silverman, 2009; Stoecker, 1997).

Although Stoecker (1997, 2001, 2003) asserts that community organizing and community development approaches cannot co-exist within a CDC, he notes how these two approaches can mutually benefit each other. He notes that community organizing generates the people power that can provide CDC's with a "bargaining chip" to get concessions from external resource and power holders. If an elected official has the power to promote or prevent a particular public policy that will benefit the constituency of a neighborhood, the constituency can intimidate the elected official with their power to withhold votes. Winkelman (1997a) points out how organizing mobilizes residents and allows CDC's to win political victories that contribute to their development projects. Organizing residents' helps CDC's to oppose unfair pressure by funders and provides a constant counter-pressure to ensure community needs are met (Winkelman, 1997a).

Winkelman (1997a) acknowledges that resolving the tensions between organizing and development in CDC's is difficult, but it is worth it. He proposes that resident involvement in development ensures that development better meets the community's needs and it gives more legitimacy to the project in the neighborhood. When residents are involved in the development process, they feel a sense of ownership in the project and will defend or challenge compromises and limits that CDC's take on development projects. Additionally, many neighborhoods do not have a history of organizing or they do not have the resources to sustain their organizing efforts. CDC's have more resources, infrastructure, and stability to support organizing efforts than small, grassroots community organizations.

Challenges of Funding

Much of the literature comments on the lack of funding in CDC's for community organizing activities (Hannah, 2006; Rubin, 1995; Silverman, 2009; Stoecker, 1997; Traynor, 1995; Vidal, 1997). One of the most widely cited reasons is because it is difficult to measure "success" to funders in terms of social capital (Cowan, 1999; Gittel, 1999; Hannah, 2006; Traynor, 1995; Vidal, 1997). Many CDC's have goals of empowering residents through community organizing and developing neighborhood leadership, but these goals are not as easy to quantify as the number of housing production units produced by a CDC in a given time frame.

Despite these funding challenges, studies suggest CDC's can minimize the impact of this issue by practicing what is known as coalition-based organizing (Rubin, 1995). Rubin (1995) explains that community-based development organizations (CBDO's) can separate their business and empowerment agendas from each other by having a coalition organization handle direct action organizing tactics, and this will prevent the CBDO's funders from feeling threatened. Another way to balance a CBDO's organizing and development goals and still protect the organization's funding base is to build coalitions with other CBDO's to set the development agenda to which the funding sources must then react (Rubin, 1995).

CDC funding sources, whether they come from the government, foundations, or intermediaries, are often criticized for interfering with the community-based goals of CDC's. CDC's are intended to be community-controlled organizations. They are governed by a board consisting of one-third community residents (The Democracy Collaborative, n.d.). However, Stoecker (1997) maintains that CDC boards provide broad

guidance to the organization rather than participate in direct decision-making. He maintains that CDC's operate under a "myth of community control" (Stoecker, 1997, p. 8). He notes that their resource base is controlled from outside the neighborhood and there is very little community control over CDC's (Stoecker, 1997, p. 1).

Similarly, Silverman (2009) claims that local community-based housing organizations (CBHO's) are transformed from "grassroots advocacy organizations" to service delivery organizations that implement programs for governmental agencies and philanthropic organizations (p. 5). He maintains that CBHO's are embedded into the governance structure and co-opted by non-profit foundations and funding agencies. Rubin (1995) points out how some CBDO's desperate for funds take what they can get and end up losing their autonomy as they become delivery systems for services chosen by government or foundations. Rubin (1995) suggests that CBDO's may end up mirroring the values of the funders and not those of the community. Clavel (1997) notes that a commitment to service delivery results in community-based organizations becoming more technically and professionally narrow at the expense of constituency mobilization approaches.

Some sources contend that the decentralization of federal housing and community development policies and their implementation through the non-profit sector have actually enhanced community control and allow non-profits to act semi-autonomously from local political pressures (Clavel, 1997). Clavel (1997) discusses the "community option" in which local services, redistributive subsidies, decision-making authority, and accountability are decentralized from the federal level to the municipal level and from the public to community-based organizations (p. 3). The community option benefits CDC's

because it gives them more flexibility to determine which programs to offer when they are not as heavily regulated by government. Clavel (1997) points out that in the early 1990's, CDC's offered comprehensive programming beyond housing development because of a renewed interest in community organizing that allowed residents to set the priorities of the organization. Foundations supported this comprehensive program approach as well. The trend in the CDC movement of comprehensive programming still exists today.

Vidal (1997) discusses the role of national financial intermediaries that receive grants and low-interest loans from foundations, banks, corporations and the public sector and disperse them to local CDC's. Intermediaries expand the base of financial, technical, and political support for CDC's. The CDC field grew substantially with the rise of financial intermediaries between 1979 to 1981 such as the Enterprise Foundation, Local Initiatives Support Corporation, and Neighborhood Reinvestment Corporation (p. 3). Intermediaries provide CDC's with technical and program design expertise, ability to transfer lessons and innovations across sites, and access to resources. The national intermediaries often form local intermediaries that are able to influence local public policy toward low-income neighborhoods.

Vidal (1997) suggests that for intermediaries to continue supporting the comprehensive agenda of CDC's, they need to find ways to measure their performance of indirect services such as capacity building through organizing activities. A "multi-service" non-profit is difficult to sustain and CDC's need to choose development or non-development activities to specialize in if they lack resources and are stretched too thin (Vidal, 1997, p. 8).

Successes of community organizing

Despite the challenges inherent in incorporating community organizing activities within a CDC model, several studies show that it is possible and can be done effectively (Callahan, 1999; Gittell, 1999; Hannah, 2006; Mandell, 2009; Rubin, 1994; Traynor, 1995; Winkelman, 1997a). Callahan (1999) describes two approaches to community development, the project-based approach and the power-based approach, and how they complement each other. He explains that CDC's relying on project-based community development are successful at delivering services and technical expertise, but they are often disconnected from neighborhood residents. Callahan (1999) maintains that project-based CDC's lack political power because they use a consensus approach, which forces them to do projects on terms set by public and corporate officials.

Callahan (1999) explains that power-based approaches use community organizing to gain political power, which allows the CDC's constituencies to set their own agenda. Although power-based approaches can obscure progress towards concrete goals, cause CDC's to lose influence if confrontational tactics are not used strategically, and lack the technical expertise to implement an organizing victory, this approach benefits CDC's as much as the project-based approach. According to Callahan (1999), the community organizing approach is necessary to get the power, while the community development approach is necessary to keep it.

A similar study conducted by Hannah (2006) discusses the broader context of community anti-poverty initiatives and how they experience the "product-process tension" (p. 9). This tension manifests itself when a community initiative favors producing outputs over building capacity. Hannah (2006) defines capacity building as

“attempts to increase a community’s ability to act on its own behalf” (p. 9). Hannah (2006) asserts that capacity building is important to any community initiative because it sustains programs over the long haul when external resources dry up and it helps maintain community support. Hannah’s (2006) study finds that the most successful initiatives resolve the product-process tension by integrating community capacity-building activities within the work required to deliver products.

Rubin (1994) conducts a multi-year series of in-depth interviews with directors of CBDO’s to gather insights on how they balance the different missions of their organizations. He interviews directors in six states for a total of 161 interviews. In his study, he reports the insights he gathered from 16 directors who are the most able or willing to articulate their personal theories of community change.

Rubin (1994) suggests that physical development activities are not contradictory to community empowerment goals. Directors of CBDO’s maintain that their organizations create opportunities for people not typically in the economic mainstream through property ownership, skills development, continued education, and encouraging participation in decisions that affect the community. The work of the CBDO’s increases the assets of individuals as well as the neighborhood in a process that is empowering.

Directors of CBDO’s explain that physical development projects are symbols of hope in a community and empowerment of young people occurs as they recognize the opportunities within their communities. The directors describe how CBDO’s create assets within the community that synergistically build upon each other. Rubin (1994) implies that an asset-based community development model is one way of aligning the goals of community development and community organizing approaches.

Mandell (2009) completes a case study of Lawrence Community Works, a CDC in Lawrence, Massachusetts by utilizing participant observation and in-depth interviews with community residents and CDC staff. Mandell (2009) demonstrates how CDC's can integrate organizing with development and explicitly refutes Stoecker's (2003) "organizing-development dialectic." Similar to Hannah's (2006) study that stresses how organizations should integrate capacity building into all their community projects, Mandell (2009) attributes the successes of Lawrence Community Works to its ability to organize before, during, and after every development project.

Mandell (2009) suggests a few best practices to assist other CDC's in incorporating community organizing into its work: (a) hire an executive director with knowledge of and commitment to community organizing, (b) create a diversified funding portfolio, and (c) open nominating and fair election of a board of directors. Mandell (2009) describes a "network centric community building" approach used by the CDC that is similar to an asset-based model of community development.

Traynor (1995) has written extensively on the possibilities of incorporating community organizing in CDC's. He once worked at Lawrence Community Works, helping the organization to grow substantially. He discusses how there has been a shift in the CDC movement towards "community building." Traynor (1995) explains that community building puts a heavier emphasis on community organizing; community planning before development activities; community participation in the organization; more accountability between the CDC and the community; and developing more collaborative relationships among CDC's.

Community building is similar to an asset-based model of community development by investing in the social capital already inherent in a community, forging strong partnerships and associations at the local level, and searching for common ground among disparate interests. Traynor (1995) concludes that community building practices are emerging into the mainstream and foundations prefer to fund this approach opposed to traditional, confrontational organizing approaches.

Traynor (1995) recommends that CDC's develop industry standards for best practices in incorporating community organizing and develop measures of evaluating organizational effectiveness. He suggests that CDC's create a strategic plan before embarking on community building efforts and that CDC's practice a more "mature and sophisticated" type of organizing such as consensus organizing (as defined by Stoecker, 2001, p. 12). Similar to Hannah (2006), he suggests that CDC's incorporate organizing strategies into all their community plans. He notes that the biggest challenge facing CDC's is building and sustaining resident involvement.

Gittell (1999) conducts a case study with three CDC's looking at the factors that influence their success. Gittell (1999) conducts interviews with CDC staff members and community development experts. The definition of success in Gittell's (1999) study is measured by how well CDC's contribute to resident's access to financial resources; physical resources; human resources; economic opportunities; and political power and influence. This study is particularly concerned with the last factor identified by Gittell (1999).

One of the CDC's in Gittel's (1999) case study, Coalition for a Better Acre in Lowell, Massachusetts, provides an example of how community organizing can work

successfully within a CDC. Some of the factors attributed to the success of community organizing at this CDC include that it successfully creates political capital in the community by mobilizing residents, allows for resident participation in organizational decision-making, networks with other institutions, and establishes a diverse and stable funding base allowing it to sustain its organizing activities.

Winkelman's (1997a) study, which analyzes CDC's in Massachusetts through in-depth interviews with CDC staff and board members, finds that community organizing can be effectively combined with development, but more assistance is needed to increase CDC's capabilities. He finds that the success of combining organizing and development has little to do with the organizational structures used by the CDC and more to do with managing the contradictions inherent in the two approaches.

Winkelman (1997a) suggests that CDC's openly acknowledge the contradictions between organizing and development and hold discussions at all levels of the organization on ways to resolve the tensions. He suggests that all staff must take responsibility for advancing both organizing and development agendas. Similar to Traynor (1995), Winkelman (1997a) urges CDC's to develop a higher level of standards and practices for organizing and share them in the field. He suggests that development and organizing staff work together to find ways to involve residents in development decisions.

The Ricanne Hadrian Initiative for Community Organizing

The Ricanne Hadrian Initiative for Community Organizing (RHICO) was a demonstration project that took place from 1997 to 2006. It provided funding, training, and technical assistance to a select group of CDC's in Massachusetts to effectively

combine community organizing with community development (Winkelman, 1997b).

RHICO developed community leaders, increased resident participation in CDC decisions, programs, and activities, and built power for low-income residents and people of color.

RHICO is a model for other CDC's on how to successfully integrate community organizing into their organizations.

The initiative is named after Ricanne Hadrian, a community organizer and project manager who was the Deputy Director for Housing and Community Reinvestment at the Massachusetts Association of Community Development Corporations (MACDC). She initiated an eighteen month planning process with over 100 CDC board members, executive directors, organizers and development staff in Massachusetts to discuss their organizations' strengths and weaknesses in doing community organizing work and what they needed to be more effective (Winkelman, 1997b).

RHICO was run jointly by the MACDC and the Neighborhood Development Support Collaborative (NDSC). NDSC was established by LISC, a national financial intermediary. NDSC had experience administering grants and had access to funding. Throughout RHICO's 9 year run, direct organizing grants, centralized training, on-site training, and a place to share lessons was provided to CDC's in Massachusetts. RHICO established the "Journal of Community Power Building" for community development leaders and practitioners to share their reflections. RHICO discovered that community organizing cannot be a separate, independent program, but it must be woven throughout every level of the CDC. RHICO found that incorporating community organizing into the CDC requires an organization-wide shift, so that all staff members understand how organizing fits with CDC projects and programs.

Methods

Sample

This study identifies a small segment of CDC's in Massachusetts to survey. Purposeful and convenience sampling methods are used to select participants. Target CDC's are selected from a list on MACDC's website, which includes 60 CDC's that are full members of their association. To be a full member, the CDC must be a non-profit organization whose primary purpose is advancing community development and is accountable to and governed by the constituency it serves.

Executive directors of 41 of these CDC's are contacted through e-mail and asked to participate in a brief survey researching the ways community organizing takes place at CDC's in Massachusetts. Of the 41 CDC's contacted, 16 of them completed the survey. Although this is a relatively small sample size, in many ways it is representative of the diversity of CDC's in Massachusetts. The sample includes at least one CDC from every region in the state, and CDC's from various years of origin ranging from as early as 1968 to as recent as 1997. The sample of CDC's engaging in community organizing in this study is overrepresented based on some estimates of the number of CDC's in the state that practice community organizing (Winkelman, 1997a).

This study selects CDC's in Massachusetts to follow up on an extensive study done by Winkelman (1997a) to see if CDC's are doing organizing in similar or different ways than in the past and to see if RHICO impacted CDC's in Massachusetts. Results from the survey are compared to the findings by Winkelman's (1997a) study. The survey utilizes Winkelman's (1997a) community organizing typology as well.

This study identifies executive directors because much of the literature conducts interviews with them. Identifying a similar population to other studies makes it easier to draw comparisons between findings of this study and other studies. This study analyzes concepts such as contradictions between organizing and development approaches, and typologies of community organizing. Executive directors are more familiar with these broad concepts than lower level staff based on their job positions which require oversight of the organization and extensive knowledge in the field beyond practice-based concerns. At times, the survey utilizes academic jargon or terms common to the community development field that higher level staff at CDC's may be more familiar with.

Data collection

This study contacts 41 out of 60 CDC's that provide e-mail addresses online. In an e-mail titled "Important Research on CDC's," the researcher informs participants that the study is being conducted by a Graduate student in a community engagement degree program at Merrimack College with a deep interest in the community development field, and that the research focuses on the ways community organizing occurs at CDC's.

The survey is titled "Community Organizing at Community Development Corporations (CDC's) in Massachusetts." The researcher informs the participants that the survey results will remain completely anonymous and be used for research purposes only. The researcher explains to the participants that the survey will take them less than five minutes to complete, and that their insights are extremely valuable for practitioners in the field. A link is provided to access the survey, which is created on [surveymonkey.com](https://www.surveymonkey.com), a highly utilized research tool.

The survey utilizes quantitative as well as qualitative data. The survey protocol contains nine questions with a variation of question forms such as yes/no, multiple-choice with more than one answer, Likert scale, open-ended, and demographic questions. The complete survey protocol is included in a separate section of this paper (Appendix A). This study utilizes a variety of question forms to make the survey as engaging as possible and to increase the chances of the respondents completing the entire survey.

Two of the questions on the survey follow up on Winkelman's (1997a) study. One question asks if the CDC's participated in RHICO and another asks what types of community organizing work does their CDC take part in. Winkelman's (1997a) typology is provided and participants are asked to select all forms of organizing that apply to their CDC. The forms of organizing along with their descriptions are shown in Table 1 and include: resident council organizing; organizing to get control of development resources; grassroots community planning; issue organizing; political organizing; community building events; and organizing as support for development.

The first question on the survey asks the participants to identify if their CDC participates in community organizing. If they answer in the affirmative, they are asked a series of additional questions about how they engage in community organizing. If their CDC did not practice community organizing, they are asked a few demographic questions such as the region in Massachusetts their organization is located in and what year their organization was founded.

One of the questions on the survey asks the participants to rate the importance of community organizing to their CDC and another question asks them to rate the effectiveness of their CDC at organizing constituencies in their local communities. Two

open-ended questions are also included in the survey. Participants are asked what changes they would make to improve the community organizing work done at their CDC and they are asked to leave any additional comments.

The first time the survey was sent out through e-mail only 7 people responded. After waiting a few days, a reminder was sent out to the same 41 CDC's to take the survey. This time an additional 9 people responded to the survey for a total of 16 respondents. The survey response rate is approximately 39%, which is not surprising considering there is no incentive provided to take the survey and it is administered by a relative stranger.

Some methodologists debate whether online or paper surveys are more effective. This study selects online surveys because they can reach a larger pool of respondents in a timely manner and they are easier for the respondents to fill out. SurveyMonkey.com also analyzes the results of surveys. It provides graphs with percentages as well as frequency tables. This study transports the results from online and enters them into a Microsoft Excel spreadsheet in order to create pictorial graphs of the survey responses (Appendix B).

Results

Major findings

The survey results show that most executive directors feel community organizing is "very important" to their CDC and that they are "effective" at doing it. Based on the typology provided by Winkelman (1997), the sample of CDC's surveyed mostly engage in community organizing activities such as "community building events" and "organizing

as support for development.” Survey respondents frequently comment on the challenges of securing funds to sustain community organizing practices at their CDC's.

Demographic responses

Participants are first asked if their CDC participates in community organizing. For the purposes of this study, only CDC's that practice community organizing are analyzed. Of the 16 respondents, 81.3% of them participate in community organizing and 18.8% do not. Winkelman (1997a) estimates that one-third of CDC's in Massachusetts do some form of community organizing (p. 3). Therefore, the population of CDC's in this sample is overrepresented compared to the Massachusetts general population of CDC's who practice community organizing.

All of the participants are asked demographic questions to generate descriptive statistics of the sample such as the region and founding year of the CDC. The survey results show that the locations represented most frequently are Boston and Western, 28.6% respectively. The remaining regions represented in the survey include the North Shore and Merrimack Valley, 14.3% respectively, and the Central and Southern regions, 7.1% respectively. Only 14 out of 16 respondents answered this question. It may be speculated that two of the respondents skipped the question after answering no to the initial question about if their CDC participates in community organizing, and then failed to complete the rest of the survey.

Another demographic question asks participants what year their CDC was founded. This study determines whether CDC's emerged in the first generation (1960's), the second generation (1970's), or the third generation (1980's and 1990's) (Green, 2012b). According to Green (2012b), activist CDC's from the first generation primarily

focus on economic development; specialized CDC's from the second generation primarily focus on housing development; and professional CDC's from the third generation concentrate mostly on housing activities and play less of an activist role (p. 97).

Based on the results from this survey, third generation CDC's are the most frequently represented (7 CDC's), closely followed by second generation CDC's (6 CDC's). Only one of the CDC's is first generation. Two of the respondents did not answer this question. Table 2 includes a complete listing of the founding years of the CDC's in this sample.

Out of the respondents who participate in community organizing, the survey reveals the ways in which organizing is taking place based on Winkelman's (1997a) typology. All of the respondents answered this question and they are allowed to choose more than one type. The majority of the respondents participate in "community building events" and "organizing as support for development," 92.3% respectively. The remaining responses included: "grassroots community planning" and "issue organizing" (69.2%) respectively; "resident council organizing" (61.5%); "organizing to get control of development resources" (53.8%); and "political organizing" (7.7%).

Successes and challenges

Four of the questions on the survey explore the successes and challenges experienced by CDC's that participate in community organizing. Two of these questions use a Likert scale and ask the participants to rate the importance of organizing to their CDC and the effectiveness of organizing at their CDC. Based on the survey results assessing the importance of organizing to the CDC, respondents answer in the following

ways: “very important” (69.2%); “important” (23.1%); and “somewhat important” (7.7%). None of the respondents feel community organizing is “not important” to their CDC. All of the respondents who participate in community organizing answered this question.

Based on the survey results, the most frequent response to the effectiveness of organizing at their CDC is “effective” (69.2%). The remaining responses include: “somewhat effective” (15.4%); “very effective” (7.7%); and “not effective” (7.7%). All of the respondents who participate in community organizing answered this question.

One of the questions discerns how many of the CDC's in the sample participated in RHICO. Out of the respondents who partake in community organizing, 38.5% participated in RHICO, 23.1% did not participate in RHICO, and 38.5% were unsure if they participated. One of the respondents left a comment on the survey about how they are “curious” about the RHICO question, and how they've “never been able to plug the gap left” post RHICO (Appendix C).

The survey puts forth an open-ended question asking participants what changes they would propose to improve the community organizing work done at their CDC. Of the 7 respondents who answered this question, 6 of them mention the challenge of funding in some capacity. The most common responses focus on the lack of funding to sustain staff and resources for organizing activities. One of the respondents commented on the need for “more time.” The survey provides a comment box in which three participants provided input. The responses to the open-ended questions are included in a separate section of this paper (Appendix C).

Discussion

The survey results are similar to the findings in the literature. Much of the literature illustrates how executive directors of CDC's care deeply about the goals of community empowerment (Rubin, 1994; Stoecker, 1997). It is evident in this survey that the majority of executive directors feel community organizing is "very important" to the mission of their organization and their CDC is "effective" at organizing. However, executive directors did not rate the effectiveness of their CDC at community organizing as highly as they rated the importance of it to their CDC. There is more widespread variation in answers to the question asking about effectiveness with some respondents citing that their organization is "not effective" or "somewhat effective." Only one respondent answered that their organization is "very effective" at organizing, but the majority of respondents answered that organizing is "very important" to them.

A possible explanation for this discrepancy could be the issue of funding for community organizing, which arises in the literature (Hannah, 2006; Rubin, 1995; Silverman, 2009; Stoecker, 1997; Traynor, 1995; Vidal, 1997) and in this survey. When asked what changes the executive directors would propose to improve the community organizing work done at their CDC, the majority of respondents note the need for more funding to sustain staff and resources. They note how it is difficult to continue "non-revenue generating portions" of their mission. Even though CDC's are non-profits, they need to generate a source of income to put back into their development projects and to satisfy investors in the projects.

Another practical concern that comes up in the survey is that organizers need "more time" to effectively do their job. Winkelman (1997a) touches on this issue by

discussing how CDC's often make unrealistic demands of organizers and that they need to focus their organizing work. Winkelman (1997a) notes that with all the responsibilities required of organizers, they do not have the time to focus on leadership development in the community.

It is easy to see how organizers would be struggling with a lack of time. Based on Winkelman's (1997a) typology of community organizing, it appears that CDC's in Massachusetts are engaging in a variety of community organizing activities. Although Winkelman's (1997a) study finds that resident council organizing is the most common form of organizing practiced by CDC's in Massachusetts, this study shows that it is "community building events" and "organizing as support for development." This suggests that community organizing is taking place in slightly different ways than in the past.

These findings hint at challenges in effectively practicing community organizing at CDC's. Winkelman (1997a) describes "community building events" as "community events, annual meetings, ethnic or multi-cultural festivals, neighborhood clean ups, barbecues, picnics, and street fairs, to build community ties and present a public face of the CDC to neighborhood residents" (p. 5). These events may or may not be run by community residents. He describes "organizing as support for development" as driven more by the CDC's needs than the residents' and it often results in little neighborhood leadership development. Although this survey did not measure the degree of resident involvement in these two forms of community organizing, they still require the least resident participation compared to the other forms in the typology. They are also less

confrontational forms of organizing and require the community residents to play mostly a support role for the CDC instead of a leadership role.

The popularity of “community building” opposed to confrontational forms of organizing reflects a shift in the community development field noted in the literature as well as in this study. This study shows how more confrontational forms of organizing such as “organizing to get control of development resources” and “political organizing” are the least practiced forms of organizing in CDC's in Massachusetts. Similarly, Winkelman (1997a) finds that political organizing is rarely practiced by CDC's even though it has the potential to generate real systemic changes in society. These findings support Stoecker's (2001) view that CDC's engage in forms of organizing that are not confrontational. Traynor (1995) suggests that CDC's are moving towards more community building efforts that require them to work cooperatively with others in the community instead of being confrontational.

One of the respondents in the survey notes how their work is “oriented to community engagement rather than community organizing” and that it is a shift reflected throughout the CDC world. The respondent suggests that foundations and other funders need to place a “greater priority on community building work.” It appears that funds for more confrontational approaches to community organizing are hard to come by. Although other supports for organizing exist in the community development field such as the Mel King Institute run by the MACDC, it only provides ways for organizers to receive training and networking; it does not provide direct grants for organizing like RHICO had in the past.

As for other forms of community organizing that are practiced by CDC's in this study such as "grassroots community planning" and "issue organizing," this survey did not measure how involved residents are in these processes. Winkelman (1997a) explains how grassroots planning processes can be either inclusive, in which residents participate throughout the planning, designing and implementation stages, or not as inclusive, in which residents may only participate in the planning stage. Additionally, issue organizing in CDC's may be completely separate from development projects, but as Winkelman (1997a) notes, it can often involve organizing to support development projects.

Furthermore, this study shows that third generation CDC's are the most frequently represented in the survey. According to Green (2012b), third generation CDC's are more professionally oriented, play less of an activist role, and focus mostly on housing development. Second generation CDC's, which are the following most represented group in this study, are more specialized and focus mainly on housing development. Community organizing in Massachusetts CDC's may become less of a priority based on the number of professional and specialized CDC's in the state that are less activist in nature, or it may occur in new ways such as the shift towards community building forms of organizing noted by experts in the field (Traynor, 1995).

Strengths and Limitations

This study adds a different form of data collection to the existing body of literature on this topic. Previous studies focus mostly on interviews with CDC staff members, but this study utilizes a survey research method. Surveys may provide more honest responses because they are anonymous and there are fewer factors to cause bias responses compared to interviews. Additionally, the survey respondents are executive

directors of CDC's, which is the target population of several other studies looking at this topic (Gittell, 1999; Rubin, 1994; Silverman; 2009; Stoecker; 2003; Winkelman, 1997a).

This makes it easier to draw comparisons between this study and others in the literature.

The survey sample is representative of the diversity of CDC's in Massachusetts. It includes at least one CDC from every region in the state and from various years of origin ranging from 1968 to 1997. By focusing on Massachusetts, this study follows up on another extensive study done on Massachusetts CDC's (Winkelman, 1997a), but adds a current analysis to the subject. Finally, this study utilizes both quantitative and qualitative data to strengthen its findings.

Although this study provides insights into the ways community organizing takes place at CDC's in Massachusetts, its findings cannot be generalized to CDC's in other geographic locations. Also, the sample size is too small to be truly representative of all CDC's in Massachusetts. The study faces methodological issues as well. Due to time constraints, the researcher was unable to conduct a pre-trial test of the survey to check for misunderstandings with the wording and meaning of questions. Although the survey used academic jargon at times, the researcher assumed that executive directors of the CDC's would be knowledgeable in the field to discern the meaning of the questions. Another limitation is that the survey is only measuring the perceptions of the executive directors who know about community organizing at their CDC's, but not in the same ways as the organizers who are employed there. Finally, it is always difficult to measure the effectiveness of programs at organizations, especially ones that have social goals.

Implications

Funding

This study illustrates how funding challenges interfere with CDC's abilities to effectively practice community organizing activities. Several studies point to the difficulties inherent in measuring "success" to funders in terms of social capital (Cowan, 1999; Gittell, 1999; Hannah, 2006; Traynor, 1995; Vidal, 1997). Many CDC's have goals of empowering residents through community organizing and developing neighborhood leadership, but these goals are not easy to quantify. Funders want to see concrete evidence of CDC's meeting their goals and objectives, and often times this is easier to do with development projects than organizing efforts.

It is no surprise that CDC's mostly engage in housing development because it is easier to measure "success" in that area, and consequently it is the most heavily funded portion of CDC's comprehensive agendas. As Traynor (1995) and Winkelman (1997a) suggest, CDC's need to develop industry standards and measures that allow community organizing to join the criteria for evaluating community development efforts. This would help funders feel confident in CDC's abilities to generate concrete community improvements through community organizing and help bring in new sources of capital for disinvested neighborhoods.

Another way of potentially bringing in new funds to CDC's is through certification. The MACDC is promoting the opportunity for CDC's and other organizations involved with community development to become certified based on guidelines developed by the Massachusetts Department of Housing and Community Development. On their website, MACDC explains that certification "will enhance the

credibility of the CDC sector and help attract more public and private resources to the field.” However, there is no guarantee that these resources will be used towards community organizing efforts. The state guidelines require community development organizations to file an annual report summarizing its activities in support of CDC's with the Massachusetts legislature. As examples of activities, the guidelines use the term “asset development programs,” but do not mention community organizing.

Certification by the state may lead to a shift away from traditional community organizing approaches in CDC's to approaches that use an asset-based community development model. If certification by the state becomes the new method for securing additional funding, then it could interfere with CDC's abilities to practice community organizing, or at least call what they are doing community organizing as other terms like “community building,” “asset-based development,” and “community engagement” seem to be preferred by funders. If the state assumes a more powerful role in funding CDC's, they may not financially endorse community organizing activities if they are confrontational and if the state feels threatened by the power of organized constituencies.

New vision

This study illustrates the need for CDC's to establish what Vidal (1997) calls a “new vision” (p. 7). CDC's need to clarify the role they play in the community to offset the criticisms that they are not effective. Vidal (1997) and Cowan (1999) suggest that CDC's need to partner, merge, focus on role specialization, and network to sustain their comprehensive agendas. Similarly, the MACDC's strategic plan for 2010-2012 suggests that CDC's need cross-sector collaboration with organizations that are similar, but not necessarily CDC's.

As part of their plan for a new vision, MACDC claims that CDC's need to "refine its messaging and story." One of the goals in their strategic plan is to rethink the role of CDC's and frame that message to the public. The strategic plan does not mention the term "community organizing" once even though it was used in the field frequently when Massachusetts CDC's were participating in RHICO about six years ago. It appears as if the new term Massachusetts CDC's are trying to promote is "community building."

According to the 2005 Census by the National Congress for Community Economic Development, "community building" encompasses both organizing and advocacy efforts even though some would argue these are two different concepts. Community organizing implies constituencies acting on their own behalf, while advocacy efforts focus on organizations speaking for constituencies. This implies a national trend as the Census reports that nearly two thirds of CDC's in the U.S. are engaged in such activities (p. 17).

There is support for a shift away from traditional community organizing approaches towards community building approaches to organizing. Traynor (1995) maintains that community building practices are emerging into the mainstream and that foundations prefer to fund these approaches. An investment in the assets already inherent in a community is the approach used by Lawrence Community Works in Mandell's (2009) case study, and this CDC was able to successfully integrate community organizing and community development approaches within a single institution.

The community building approach to organizing is similar to Kretzmann and McKnight's (1993) model of asset-based community development where the focus is on identifying and building a community's own assets or social capital rather than

confronting or negotiating with external power and resource holders. Asset-based community development approaches may be the best way to align the goals of community organizing and community development within a CDC. Because CDC's rely on so much funding from external resources such as the government and foundations, it may be too difficult for them to engage in traditional models of community organizing if their funding sources do not support it.

Conclusion

Although the differences between community development and community organizing approaches within CDC's can appear very subtle, they are differences worth critiquing as they can have significant implications for the CDC's and their targeted communities. Some experts in the field are calling for a greater emphasis on community building efforts of CDC's or what some may argue are less confrontational forms of organizing (Mandell, 2009; Traynor, 1995). These forms of organizing require cooperation with community leaders, businesses, and government.

However, other experts in the field note that conflict through traditional methods of community organizing is needed to gain power, while cooperative methods of relationship-building are needed to sustain community power (Callahan, 1999). Although in theory CDC's should be able to select whatever forms of organizing are the most relevant for their specific communities, they are often constrained by the pressures of outside funding sources such as intermediaries and government. More research is needed on this topic to ensure CDC's future organizational effectiveness as well as the best possible outcomes for local communities.

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Appendix A**Survey Protocol:**

“Community Organizing at Community Development Corporations (CDC's) in Massachusetts”

*Q1. Does your CDC participate in community organizing? If no, skip to the next page.

Yes

No

Q2. How important or unimportant is community organizing to your CDC?

Not important

Somewhat important

Important

Very important

Q3. Rate the effectiveness of your CDC at organizing constituencies in your local community.

Not effective

Somewhat effective

Effective

Very effective

Q4. What types of community organizing work does your CDC take part in? Please check all that apply.

Resident council organizing

Organizing to get control of development resources

Grassroots community planning

Issue organizing

Political organizing

Community building events

Organizing as support for development

Q5. To the best of your knowledge, did your organization partake in the Ricanne Hadrian Initiative for Community Organizing (RHICO) that supported and trained Massachusetts CDC's from 1997-2006?

Yes

No

Unsure

Q6. What are some changes you would propose to improve the community organizing work done at your CDC?

*Q7. What region of Massachusetts is your CDC located?

Western

Central
Southern
Boston region
North Shore
Merrimack Valley

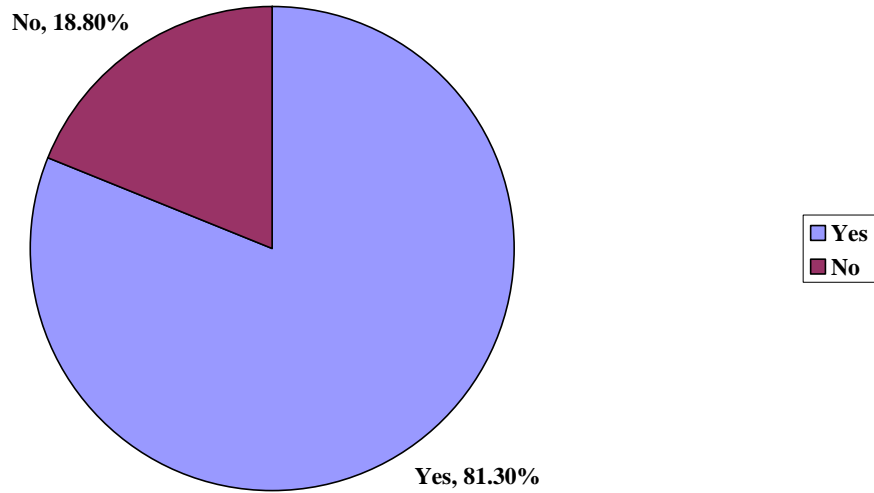
Q8. What year was your CDC founded?

Q9. Please leave any additional comments here.

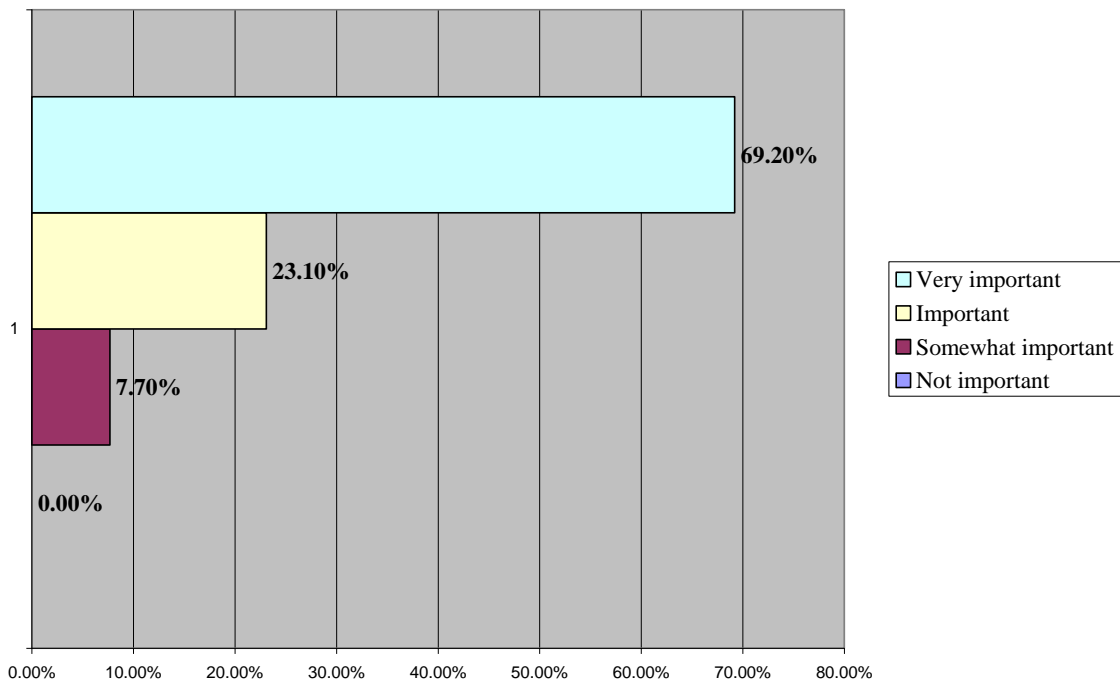
*required an answer

Appendix B

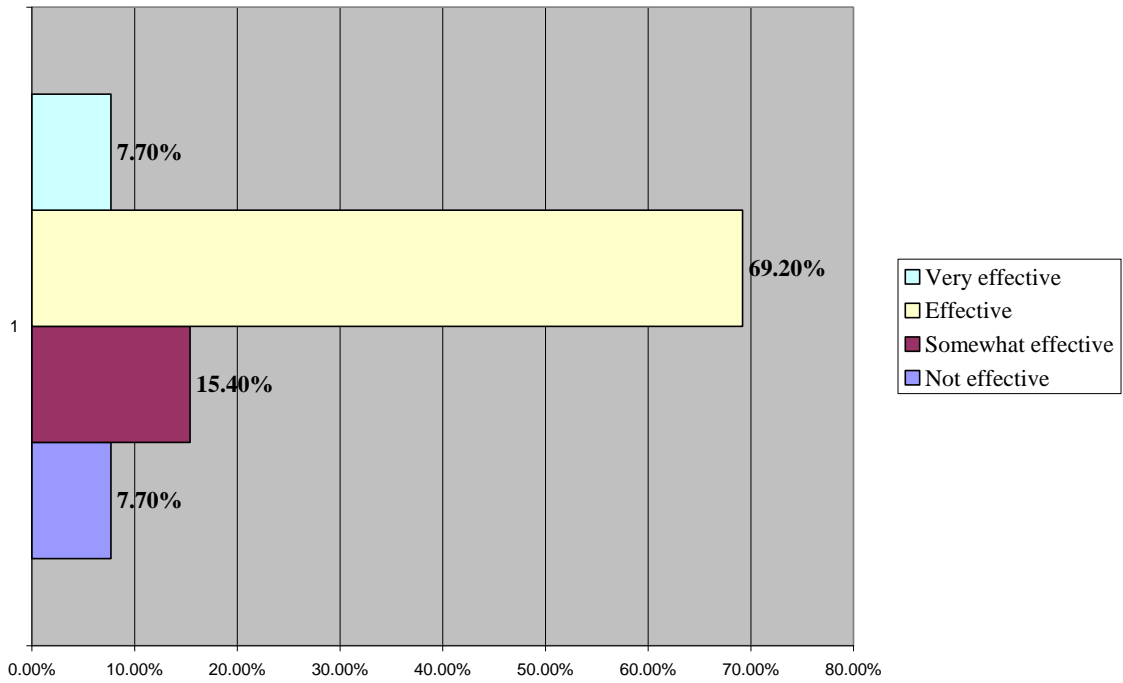
Participation in community organizing



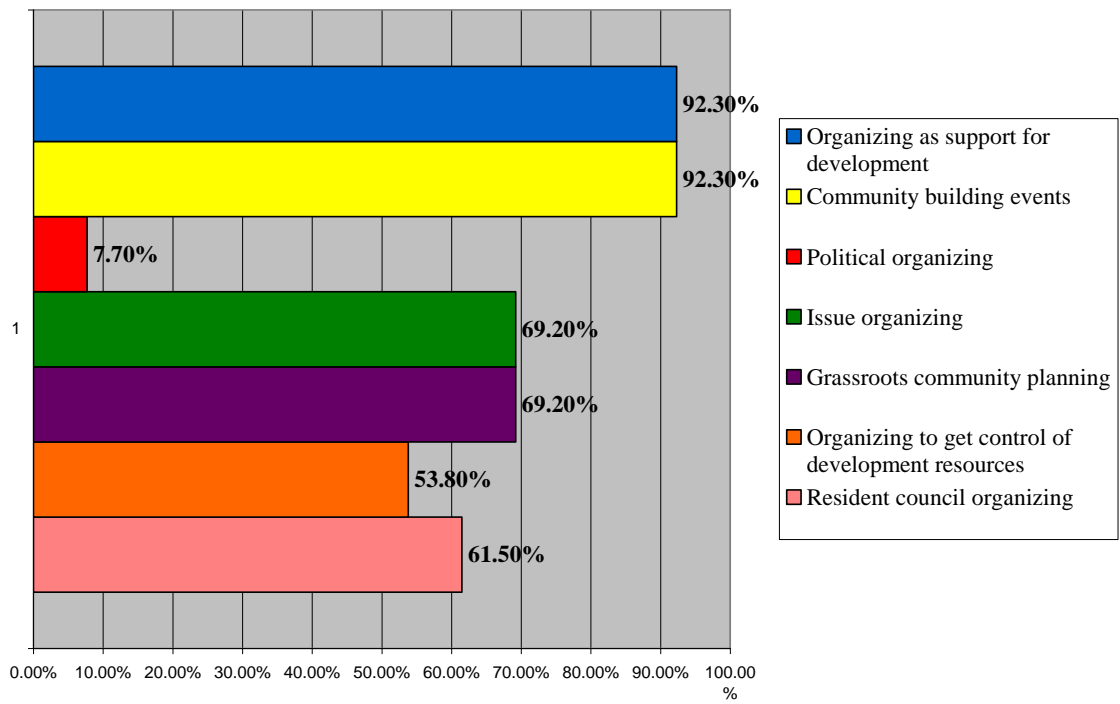
Importance of community organizing



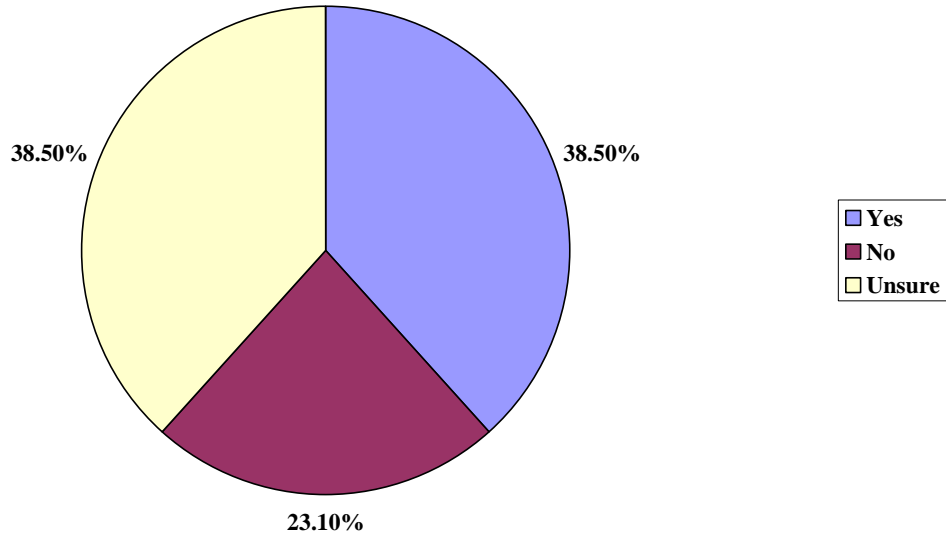
Effectiveness of community organizing



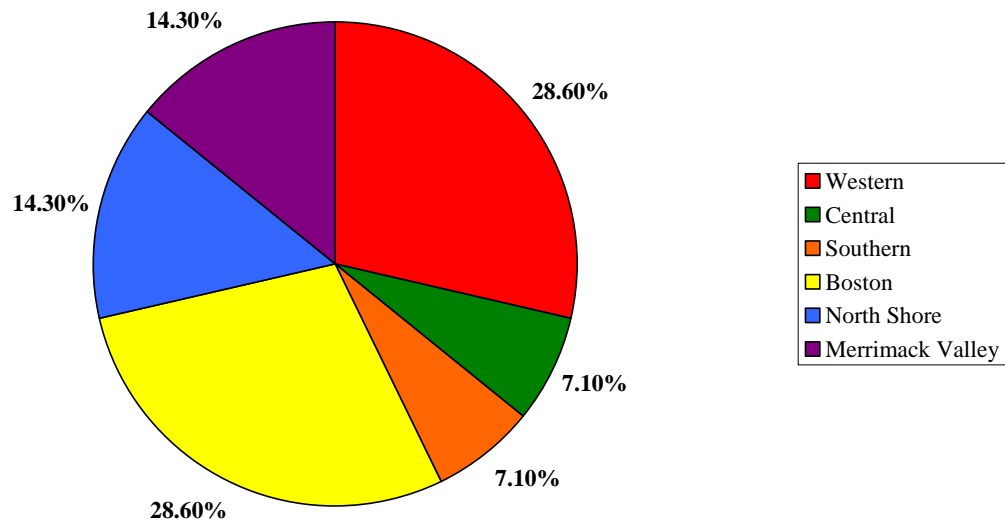
Types of community organizing



Participation in RHICO



Location of CDC's



Appendix C

Question 6 Responses

- 1) Additional staffing and resources to offset the costs. While community organizing is an important to our mission, we are finding it more difficult to continue non-revenue generating portions of our mission due to the hard economic times.
- 2) Create a sustainable source of income to support our community organizing work
- 3) More funding is needed, but funding is difficult to acquire
- 4) Develop a way to secure dedicated funds to support community organizing
- 5) FUNDING. We have a history. We know what works. We have a great base of members. We have great connections with MACDC and other groups where organizers can do peer to peer learning and sharing. We lack the funding to sustain adequate organizing staff.
- 6) Our work is oriented to community engagement rather than community organizing, a shift I see reflected throughout the CDC world. The biggest change that would improve our work is foundations and other funders placing greater priority on community building work.
- 7) More time

Question 9 Responses

- 1) Our organization was formed in 2010 as the result of a merger between two community-based organization, which were founded in 1979 & 2000.
- 2) Good luck and thanks for your interest in our field.
- 3) I'm very curious about your question about RHICO! We've never been able to plug the gap left when the CEED program (line item in state budget which I think may have

funded RHICO- although maybe RHICO was all from other funds from LISC?) went away. I think MACDC has done a good job of providing ways for organizers to get trained and to connect post RHICO, such as via the Mel King institute and organizing peer group.

Table 1: Descriptions of Winkelman's (1997) Typology of Organizing

Form of community organizing	Description
Resident council organizing	Involving residents in the management of a CDC-developed building
Organizing to get control of development resources	Mobilizing residents to pressure public or private entities to turn over land, buildings, or money necessary for development
Issue organizing	Organizing around issues either directly related to CDC development projects or various other issues not directly related
Political organizing	Not commonly practiced by CDC's, but may include organizing around voter registration issues and ballot initiatives
Community building events	Building community ties through the use of neighborhood events either run by CDC staff or community residents
Grassroots community planning	Involving residents in the planning, designing, and implementation stages of development
Organizing as support for development	Commonly practiced, tends to be driven more by the CDC's agenda than the residents' needs

Table 2: Representation of CDC's founding years

Generation	Year(s)
First	1968
Second	1972; 1974; 1978; 1979; 1979; 1979;
Third	1981; 1982; 1983; 1986; 1988; 1988; 1997