Community Development Corporations and Racial Justice: Accounts from the Field

A thesis submitted by

Minnie McMahon

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Advisor: Laurie Goldman
Reader: Penn Loh

Abstract

This purpose of this thesis is to gather and learn from accounts of how staff at community development corporations (CDCs) are working to advance racial justice in their professional capacities.

The thesis finds that CDC staff conceptualize the work of advancing racial justice in multiples ways. This work is sometimes explicit and other times inexplicit. Some advance racial justice agendas with the support of their organizations and others do it as solo actors, sometimes at great personal cost. Overall, the thesis finds that, while interviewees are enthusiastic about the potential of CDCs to advance racial justice, these same organizations maintain the racialized *status quo* by failing to contest power – both in the communities they serve and within their organizational cultures.

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Chapter 1: Introduction

This thesis emerged from my interest in the broad question of whether institutions can meaningfully change and how organizational actors can be agents of change. As a matter of strategy, I am interested in how people committed to the redistribution of wealth and power and the necessary dismantling of white supremacy and other destructive social and economic paradigms expend energy on improving social-change organizations and organizational outcomes. It is important to focus on the personal perspectives of individual actors to inform my thinking around that broad question because organizational claims-- in the form of a mission statement, letter or public address by leadership-- are typically non-critical and self-protective.

I sought to create a snapshot of how some people who have expressed a need for and an interest in working toward racial justice are doing that in their professional capacities at one type of organization—the community development corporation (CDC). I chose to focus on CDCs because CDCs are meant to work for the comprehensive well-being and thriving of their communities, which are low-income and often communities of color. Because CDCs were born of bottom-up efforts to enhance social, political and economic power among historically disinvested communities, they are a logical arena for learning about how progressive or radical agendas interact with organizational constraints.

Community development corporations originated in the 1960s to build power and wealth in low-income black neighborhoods and in other neighborhoods of color that were historically excluded from investment, from mainstream economic development practices and from dominant planning and political processes. Present day CDCs are borne of that legacy of community groups that were oftentimes created and controlled by people of color. CDCs are the major development organization with a mandate to serve the public good in low income neighborhoods and in neighborhoods of color.

Because of their history, I wondered if and how CDCs today work to advance racial justice, in the opinions of staffers. I wondered how the racial justice agenda of individuals interacted with the challenges and constraints typical of many non-profit organizations, including reliance on public funding and private philanthropy that could be threatened by public declarations of a racial justice agenda or with anything easily deemed political. I knew that many CDC professionals in Massachusetts care about advancing racial justice and, with the support of the Mel King Institute, they are learning how to do this within and across their organizations. Therefore, it is important to look at the ways in which CDCs today are advancing, or not advancing, racial justice.

As a white, owning class person, a staff member at a CDC, a graduate student of urban planning and public policy and an organizer, I am interested in the possibilities of, the differences between, and the interactions of social movement work and non-profit institutions, which are very much of the system

that many movements are committed to transforming or replacing. I am a member of the Boston chapter of Showing Up for Racial Justice (SURJ), a group of (mostly) white people working for racial justice with and among white communities nationwide. One tenet of our work is that racism and racial injustice are caused and perpetuated by white people, so white people are central to dismantling the same in ourselves and in society. With these identities informing me, I wanted to study individual changemakers operating on the inside of change-resistant institutions. This thesis gave me an opportunity to do so.

The problem of advancing racial justice is of personal importance to me and, in an era of increased public attention to racism in general and to police brutality and the racial wealth gap in particular this is an opportune time to probe the role of CDCs in pursuing racial justice.

Context: Massachusetts is a logical context for this project. In certain narratives, Massachusetts enjoys a reputation for political and social progressiveness. In other narratives, Boston has a reputation for being a racist city. A 2017 Boston Globe report showed that over half of the black people surveyed reported Boston to be "unwelcoming to people of color" (Movement Building Project, 2018). In Greater Boston, white households had a median wealth of $247,000 compared to a median wealth of $0 for Dominican households, $8 for African American households, $3,020 for Puerto Rican households and $12,000 for Caribbean black households according to a recent

report by the Federal Reserve Bank of Boston (Munoz et al, 2015). In 2019, Boston was home to the highest number of non-profits among cities with a population of at least 1 million (McCambridge, 2019).

To address my subject, I interviewed CDC staff members and a handful of community development experts who I knew to be concerned about race equity. I spoke with 11 people who work at CDCs and with 4 field experts, including one scholar of community development, an MACDC staff member who supports CDCs statewide, and two community development professionals working in non-CDC CBOs, to better understand:

- The ways in which some community development practitioners are attempting to advance racial justice in today's political, cultural and economic climate,
- The challenges they face as they carry out their work, and
- The opportunities they encounter in the context of their work.

My inquiry aims to formulate a picture of the ways in which individuals at CDCs are already advancing racial justice in their communities and within the CDC workplace. It also promises to suggest how CDC as organizations can *continue to support* and also *augment* anti-racist agendas and practices. The project is intended to contribute to the advancement of racial justice through and in CDCs by gathering and presenting accounts of some local attempts to advance racial justice in and through the workplace.

Findings: The CDC staff members I interviewed are all working to advance racial justice, yet, they hold different ideas about what that work entails. Some advance racial justice by carrying out their real estate development or organizing duties, which they understand to be inherently in service of racial justice given the geographic and political contexts of their work. Some advocate independently, and subtly or overtly, for improving hiring and contracting practices at CDCs to address the inadequate representation of people of color in the field. One engaged in an internal organizational project to address racial justice, and another engaged in an external organizational project to build community pride and regain control of the community. Some focus on power-building and leadership development as a form of racial justice, and others find that establishing themselves as people of color within traditional and exclusive decision-making arenas such as city council hearings, is a form of advancing racial justice.

Despite the variety of examples of work that respondents understand to be forwarding racial justice, they largely find themselves swimming upstream and doing their work quietly, inexplicitly and sometimes at personal cost. In fact, I found that interviewees had as much as or even more to say about the challenging conditions in which they work as they did about the actions that they or others are taking to combat those conditions.

Among other learnings, this project has revealed that these respondents work within a context that is still in the issue-naming phase of a multi-

generational project to dismantle racism and enact a new social construct of racial equity.

Lastly, I found that many themes from the literature I reviewed are reflected in the interviews, but that the interviews shed much-needed light on structural conditions that can are unwelcoming to a justice agenda. I had hopes of collecting many examples of projects and initiatives underway at CDCs to advance racial justice so that these could be further promoted and built upon. Instead, what I was generously given by interviewees was a picture of trying conditions. Yes, the interviewees are working to advance racial justice, and this is presented below, but the overwhelming picture painted is one of a nascent and uphill battle whose grounds are the State House and the lunchroom alike. The persistent challenges interviewees discussed exhibit both on the structural/organizational level and on the interpersonal level and are manifested in externally facing CDC practices as well as inside organizational culture. The challenges, opinions and experiences that interviewees shared add depth and body to the conversation on the role of CDCs in advancing racial justice.

Thesis structure: This thesis begins with a literature review (Chapter 2) that describes a brief historical overview of community development corporations and their functions and addresses important themes regarding the organizational model and practices. I demonstrate that there is limited literature that directly treats the relationship between CDCs and the advancement of racial justice, but that there is important literature to draw on and build upon from

community development and other fields. I also offer my own conceptual framework that guides this project. In Chapter 3, I present my methodology, including research questions, sampling methods and the composition of the interview pool.

I next present to the reader three chapters of findings from my interviews with community development professionals. Chapter 4 focuses on the work done by CDCs to advance racial justice in their constituent communities, including housing production and organizing activities and the associated challenges and limitations. Chapter 5 focuses on internally facing work such as improving hiring and advancement practices at CDCs and on the associated challenges and limitations. In Chapter 6, I present the findings on the possibilities of advancing racial justice through CDCs.

After presenting my research findings, I discuss these findings in Chapter 7, making connections to relevant observations and propositions found in the literature. Lastly, I close the thesis with Chapter 8, a conclusion that includes limitations of this project and suggestions for further research.

Chapter 2: Literature Review

The purpose of this literature review is to familiarize the reader with community development corporations (CDCs) and to highlight the relevance of racial justice to the community development mission. It calls attention to the relatively under-developed consideration within the academic literature of the core matters of race, racism and racial equity.

The literature review draws primarily from the community development literature with a focus on community development corporations. In this review, I also include accounts of racial equity practice related to anti-racism and racial equity in other areas of the non-profit sector and in the public sector.

I begin with definitions of community development corporations and an explanation of their purposes and their methodologies. I then present a brief evolution of CDCs from a movement to an industry or system. I provide an overview of the challenges that CDCs have faced and do face, over 50 years into their existence, according to the literature.

Following the grounding in CDCs, I provide a summary of what has been said about racism and racial justice within the community development and CDC literature. Next I briefly present examples of initiatives within the non-profit and public sectors to advance racial justice that CDCs and the wider field of community development can adopt or explore to advance a racial justice agenda. I conclude with a presentation of the conceptual framework of racism that guides this project.

Characterizing the community development field: Community Development Corporations (CDCs) are not-for-profit organizations that receive public and private money to serve low- and moderate- income residents of historically disinvested neighborhoods (Bratt and Rohe, 2007; Heil, 2018; Vidal and Keating, 2004). CDCs are one type of organization in the broader field of community development that is comprised of a network of institutional actors including banks, community development financial institutions (CDFIs), local, state and Federal government, national intermediaries (i.e. LISC), philanthropic organizations, businesses and social service organizations (Jennings, 2014; Yin, 1998).

Originating in the 1960s, CDCs have multiple social and economic goals and employ a range of methodologies (Brower, 1971; Bhattacharyya, 2004). CDCs function to improve quality of life (Huston, 2013), build community and individual wealth (von Hoffman, 2012; Jennings, 2004), increase economic activity (Sturdivant, 1971; Silverman, 2001; Vidal, 1997), stabilize a renting population (Vidal, 1997); address "racial and spatial inequality" (Jennings, 2007); and develop leadership and build power among residents for economic and social development (Brower, 1971; Emejulu and Scanlon, 2015). Jennings explains that "CDCs were originally established to work within a framework of racial and social justice" (J. Jennings, personal communication, June 25, 2018). While CDCs have much in common, they are not monolithic (Frish and Servon, 2016; Brower, 1971). Some CDCs focus primarily on housing production while

others emphasize power-building or arts and cultural work. The literature in this review attends more to the housing development done by CDCs than to other aspects of CDC work.

Typical CDC activities include development and maintenance of affordable rental housing; direct service provision including financial literacy programming, job preparation, first-time homebuyer support, tax preparation and language classes; small business services and technical support; and community engagement and organizing (MACDC, 2019).

In 2006, there were 4,600 CDCs in 50 states (Democracy Collaborative, n.d.). In 2010, CDCs were producing an average of 96,00 units of housing, 7.4 million square feet of commercial space, and indirectly creating 75,000 jobs a year (ibid). On a broad scale, I have not encountered data relative to dollars generated or harder-to-measure outcomes related to the empowerment, leadership and capacity-oriented goals of CDCs, but MACDC provides additional useful metrics in its annual reporting. MACDC reports numbers on the technical assistance services and finances provided to entrepreneurs, the amount of construction jobs created, the number of families supported with housing, jobs or other services, and the number of community leaders engaged (MACDC, 2019).

The evolution of CDCs: *Origins:* The literature on community development and CDCs in particular acknowledges a shifting field over the last fifty years. CDCs emerged in the late 1960s in the context of comprehensive top-down Federal anti-poverty initiatives and bottom-up grassroots social-justice activities to contest Urban Renewal and uphold community participation and control (Silverman, 2001; Brower, 1971; Shaw and Spence, 2004, p. 125.; von Hoffman, 2012; Davies, 2017). At their origin, CDCs acted to bolster local urban economies that suffered from structural disinvestment (Davies, 2017). Jennings explains that, for about the first 10 years of CDCs, many were formed within the conceptual context of a racial- and social justice "framework" (personal communication, June 25, 2018).

Thibault (2007) explains that the first generation of CDCs- numbering about 100 in the 1970s- was comprised of both informal neighborhood groups and formal community-based development organizations founded to create jobs and improve living conditions, in a time when Federal funding through the War on Poverty provided funding for local initiatives (Leroux, 2012).

CDCs grew out of existing grassroots groups including those focused on Black Power, civil rights, Latinx social movements, faith-based and other community-based organizations that formed in response to urban renewal and urban riots (Stoutland, 1999; Halpern, 1995; Goetz, 1993 and Vidal 1992).

CDCs were rooted in decentralization, community control, maximum feasible participation, and the grassroots ideal that the people meant to benefit

from the field should shape its methodologies (Brower, 1971; von Hoffman, 2012). Early CDC's were characterized by local residents advancing local betterment of their communities (Frisch and Servon, 2006). Jennings explains that "racial justice is linked to a school of thought which challenges the power and wealth *status-quo*; and this is very important because it is precisely the wealth and power status-quo which gave emergence to economic distress in local neighborhoods" (personal communication, June 25, 2018).

In addition to the grassroots origins of CDC, several scholars credit the model of the CDC to the top-down initiative of Senator Kennedy (von Hoffman, 2012; Davies, 2017), and the early funding that came through Federal programs including the War on Poverty. In 1966, Senator Robert Kennedy famously visited the Bedford-Stuyvesant neighborhood of Brooklyn and shortly thereafter advanced the idea that a new type of organization- the CDC- could address poverty in poor urban neighborhoods by supporting economic activity and individual wealth-building—a market approach not used by existing Federal anti-poverty programs (von Hoffman, 2012; Davies, 2017).

Second generation: The second generation of CDCs is characterized by an increase in number and an increase in funding from foundations and from government (Vidal, 1997; von Hoffman, 2012), as well as a shift toward "corporatization" (J. Jennings, personal communication, June 25, 2018).

In the 1980s, Government funding for CDCs was largely earmarked for housing production, and with the introduction of the Low Income Housing Tax

Credit (LIHTC) program in 1986, many CDCs turned away from organizing and service provision and focused on housing production (Stoecker, 1997; Frisch and Servon, 2006). The funding, von Hoffman explains, made housing a "viable business option" (2012) and CDCs as a group became the primary affordable housing producer in the United States (Frish and Servon, 2006).

With the housing focus and the increased complexity of funding- using tax credits that depended on private investments and government administration, corresponded with the professionalization of the field (Vidal, 1997; Thibault, 2007; Squazzoni, 2008). The challenges accompanying the turn to housing and the professionalization of CDCs are discussed below.

Present day: As community-based private organizations with "public goals" (Squazzoni, 2008), that produce affordable housing and are key social service deliverers, CDCs are today positioned as intermediaries between community and government (Bratt and Rohe, 2007; Davies, 2017; Squazzoni, 2008). CDCs continue to contend with their relevance and their impact, and their ability to make large-scale change as small-scale organizations (Bratt and Rohe, 2007). The challenges faced by today's CDCs are presented below.

Challenges faced by CDCs and the shift from movement to industry: *The "double bottom line" :* Unlike a for-profit company that exists to earn a profit, or a public institution like a library that exists to deliver a public service or good, CDCs are understood to have a double-bottom line. This means they must be financially feasible corporations that exist to advance the public good (Bratt et al,

1994). Throughout decades of scholarship on CDCs many find that this double bottom line is an inherent tension for CDCs as revenue-generating activities may be prioritized over non-revenue generating goals (Sturdivant, 1971; (Stoecker, 1997, Alkaldry et al, 2017). This subject is emphasized within the context of Neoliberalism, elaborated below.

While acknowledging the limits of CDCs to meet the broad, ambitious and structural goals of community development, some express enthusiasm for the ongoing successes of CDCs in providing affordable housing and in advancing other aspects of the community development agenda. Von Hoffman credits CDCs and other community development actors with "revitalizing" communities through housing production, supporting local businesses and working in partnership with other organizations to be more comprehensive (2012). While Bratt allows that it can be difficult to measure the success of a CDC given their broad mandate, diversity and range of activities, she says that CDCs have exhibited ingenuity and that their shortcomings are the result of a lack of state and private support, not a failing of the model (1997).

Physical development and the development of people: A key discussion in the literature centers on the perception held by some that CDCs more greatly emphasize physical development goals than they do empowerment goals (Stoecker, 1997), a "dilemma" faced by most CDCs (Bratt and Rohe, 2007). The double- bottom line is exemplified in housing production, which generate revenue, and the organizing activities, which do not.

Vidal critiques what he calls the "housing first" approach that characterized the second generation of CDCs because housing was not always a primary need in communities, and therefore not the right service or tool to be using to support and stabilize a community (Vidal, 1997). He contends, too that producing housing does not address the "macro" systemic issues that "work against the well-being" of communities (ibid.) Without other measures to support community well-being and defend against harmful macro forces, the "implicit promise" that housing will support other positive outcomes becomes untrue (ibid.)

As CDCs professionalized, even if to maintain viability, "concern was still raised about movement away from original racial and community-based missions" Jennings explains (personal communication, June 25, 2018). Community organizing, Jennings continued, is a "tool that is fundamental for racial justice but very few CDCs do this today." Furthermore, community organizing is "critical…for responding to current [and] local economic challenges like poverty, displacement, public [and] education" (ibid).

With an emphasis on physical development, Yin finds that some CDCs de-emphasize democratic participation in their communities and even, in some cases have "abandoned" the organizing and empowerment agendas and activities (Yin, 1998). Stoecker (1997) contends that the focus of CDCs on physical development does not support community organizing, and Thibault

states that the professionalization that has accompanied the turn to housing has "stifled" organizing (2007).

Some scholars contend that the goals of community development- and the field's major institutional tool, the CDC- should be the physical and economic development of a place and the development of people in that place so that they can effectively engage in, or control, the planning and development process pertinent to them (Sturdivant, 1971; Bhattacharyya, 2004; Kennedy, 2009; Jennings, 2014). To these authors, the physical development of a neighborhood should not supersede the other functions of a CDC. Brower writes that building power is the essential goal of the CDC as an institution, but that that goal is "controversial…implicit, less openly expressed and perhaps, at times unrecognized" (Brower 1971, p. 650).

Mixed interests: Related to the critique that CDCs can prioritize physical development goals over community empowerment is a shift in who began to work at CDCs. As many CDCs shifted their focus to housing, the field underwent "professionalization." Professionalizing the field meant, that CDCs became were populated with expert, technocratic staff rather than community-members who had previously controlled the organizations (Kirkpatrick, 2007). Kirkpatrick says that outside professionals, meaning people employed by CDCs that are not from the community can weaken democratic promise of the strategies and organizations (2007). Thibault references the "growing concerns" that CDCs are increasingly "out of touch" with their communities due to professionalization,

and that as a result, CDCs tends to prioritize business values over the values of a community-based organization (2007).

Not only do CDCs often rely on the professionalized class that is understood to be largely external to a CDC neighborhood, CDCs have always relied on outside investment and funding to carry out their community-stabilizing and wealth-building activities. Sturdivant found that the dependence on outside resources—financial and professional-- undercuts the ability of a community to control its own organization (1971).

Stoecker describes conditions of "corporate disinvestment and government neglect" and a vicious cycle in which CDCs are able to produce affordable housing only if they receive government funding and only receive government funding if they produce affordable housing (2007) With scarce resources coming from sources external to the community, CDCs are dependent on a good relationship with external partners (Bratt and Rohe, 2007). The reliance on outside funding and outside actors is a central topic for many scholars, who discuss this problem in the context of neoliberalism.

CDCs and the neoliberal context

The political-economic context of Neoliberalism is an important theme in the literature that helps explain the tension between the development and empowerment functions of CDCs. Scholars agree that Neoliberalism-characterized by devolution, the fluid movement of capital globally, and the economic outlook that the financial market takes care of needs—is hostile to

communal struggles for well-being and high quality of life (Frisch and Servon, 2006; Bratt, 1997; Alkadry et al, 2017.)

Under Neoliberalism, and in the context of CDCs, Logan and Molotch's (1987) use value/exchange value is manifest in the empowerment/physical development tension. Under neoliberalism, community interests and the interests of capital are in competition, with land's exchange value eclipsing its use value.

In the Neoliberal paradigm, in which public funding is limited and profit is the priority (Davila, 2004) serving the public good while meeting the financial needs of an organization is a limiting arrangement. Kirkpatrick explains that CDCs, then, are "caught in the middle" of these two "competing logics" – they must manage capital like Capitalists but do not have the freedom to grow that capital through investment (2007).

An example of the interests of capital superseding the interests of community is found in the practice of a CDC choosing an expeditious path to funding (meeting a state deadline) over time-intensive community engagement and democratic processes (Stoecker, 1997). In short, practicing and producing community control (democracy) is not a revenue-generating activity, and there is not enough money to pay for it (Stoecker, 1997; Alkaldry et al, 2017).

Separate from the neoliberal context but relevant to the understanding of community interests that community is a vague and encompassing term. Bratt (1997) Bhattacharyya (2004) note there is no singular or homogenous

"community" interest, even within a specific place. This reality tests professionals that serve the "public good" (Alkadry et al, 2017). For Bratt, the complexity of community is a potential source of discord when a CDC undergoes an open community process (1997). The heterogeneity within a community raises questions about which interests are to be prioritized. Meeting the interests of community is harder to measure and ensure than is meeting business interests.

Thibault argues that, when considering the community development system, partnership between CDCs and financial and government actors is a misnomer, rather, community-based organizations are at the bottom of a hierarchy that begins with corporate capital that flows to foundations that is channeled through intermediaries and regulated by government. In this understanding, the values of business supersede the values of community (2007). Neoliberalism demands and idealizes self-reliance or the reliance on the "generosity" of wealthy. Because self-reliance is individualistic, blame for undesirable outcomes- like personal poverty- is also individualized (van den Berk-Clark and Pyles, 2012). CDCs, as private organizations that rely heavily on state and philanthropic monies cannot possibly meet the housing and social infrastructure development needs of all communities yet bear the brunt of this responsibility (Bratt, 1997).

As a key stakeholder in the "system", as opposed to the early "movement" aimed at building and shifting power, CDCs can act as agents of the

state—which is interested in its own perpetuation-- not as agents of change (Silverman, 2001; Stoecker, 1997.) CDCs, according to Silverman, do not reorganize systems of power, instead, they implement policy they did not make (2001).

Other challenges: In addition to the above challenges, CDCs face challenges specific to the present-day context. Competition for funding is high in an era of austerity and strong urban real estate markets that make land and building expensive (von Hoffman 2012; Bratt, 1997). Furthermore, land is becoming increasingly scarce in "revitalized" urban neighborhoods (von Hoffman, 2012). Accompanying the success in developing housing and strengthening formerly depressed economic markets is the potential that CDCs themselves contribute to gentrification (Bratt and Rohe 2007, von Hoffman, 2012). Von Hoffman also notes the shortage of CDCs in suburbs, which have increasing populations of low- and moderate- income people (von Hoffman, 2012).

Racial Justice in the Community Development Literature: Having provided an overview of CDC history and common themes in the CDC literature, I now turn to the topic of racial equity in the community development literature. I demonstrate that a race-equity lens is relevant to CDCs despite a paucity of literature on the role of CDCs in advancing racial equity.

Fortunately, some scholars *do* treat the intersection of CDCs and racial justice, and there is attention to advancing racial equity in adjacent fields and

literatures. In this section, I first demonstrate that there is a shortage of literature on the question. I then present some scholarship that sheds light on the question of equity in community development, as well as non-scholarly attention to this issue.

Searches for "community development" or "community development corporations" and the terms *race, racial equity, racial justice, racism,* and *anti-racism* in the Web of Science data base of scholarly publications yielded only 120 articles in total. Only a handful of these publications were relevant to this project and the rest were focused on non-US contexts or were related to fields adjacent to community development such as social work. Those that addressed community development did not treat race and racism directly. Rather, they discussed racial characterizations of the target populations relevant to certain community development projects such as distribution of LIHTC funding by geography (Shamsuddin and Cross, 2019), or an anti-redlining and anti-gentrification project in Washington D.C. that uses a certain tenants' right to purchase policy (Lloyd, 2016). While articles treat race as relevant to community development contexts and projects, few explicitly address anti-racism or racial equity as core functions of CDCs. Direct treatment of the question: "What are CDCs doing to advance racial justice?" is spare. It appears that we are somewhere near the beginning of this discourse.

While the discussion is limited, it is not absent. The collection Race, Politics and Community Development in U.S. Cities (ed. Jennings, 2004) offers

case studies on urban redevelopment across the country that inform the reader about the intersections of race, class, capital, politics and participation in political and in community development processes. Jennings brings attention to the race and class barriers that exclude non-majority residents from participatory processes, and he calls on planning theorists to pay more attention to the impact of identities on participation (2004). Race and class also impact access to other resources and impact policy outcomes (Alkaldry et al, 2017.) Writing in the early days of CDCs, Brower explicitly identifies racism as the cause of poverty and relative political and economic powerlessness among black Americans in cities across the United States at that time (1971). The basic purpose of CDCs, says Brower, is to put power into the hands of black residents of a place, and community participation in processes is one way to meet that aim (ibid.)

Race, Power and Political Economy: Several scholars make the critical connection between the Neoliberal paradigm and race, adding to the discussion the dimension of how neoliberalism impacts culture and identity. We will see that, by being inexplicit about race, CDCs may play a role in maintaining the systemic racial inequities that they are meant to combat.

Davila critiques Neoliberalism not just for its interest in accumulation but for its “cultural policies” that uphold an efficient, “universalist aesthetic” over one that is local and particular (2004). Furthermore, Davila conceptualizes

community development as a “state redistributive system” that pits the poor against one another while being race neutral.

Peck remarks on the individualism inherent in Neoliberal logic but adds that the “post-welfarist” framework of Neoliberalism fuels the ideology of individual responsibility (and blame) over historical and cultural understandings that race and class are relevant to well-being (2006). Omi and Winant describe the “neoliberal racial project” (1994), and Brand contends that Neoliberalism offers a “false universalism of equal opportunity [that] obfuscates issues of racial inequality” (2015). Emejulu and Scanlon explain that Americans lack strong social solidarity due to individualism and white supremacy, which undermines universal and comprehensive social protection (2016). Unlike the discussion in the forgoing sections, these scholars link racial inequality and racism with the Neoliberal context. They point to the structural nature of racism and Neoliberalism, and they vitally emphasize that narratives of neutrality and universalism are narratives that uphold racial and economic inequity.

Thibault describes the neoliberalism of the 1980s as an ideology, and the neoliberalism of the 1990s as a “state-backed system” (2007). If, as Davila and Silverman contend, community development actors are implementing state policies that are neoliberal in nature, then they are, in the logic of these thinkers, upholding a power imbalance of rich and poor, white and black and other people of color. By not treating racial injustice as an explicit reason for their work, CDCs

risk furthering the interests of those that promote the narrative that racism is no longer an issue.

In a separate handling of political economy as it relates to race and community development, Davies presents a narrative of the mainstreaming of Black Power through and with the CDC (2017). In a particular treatment of the competing logics of capital and community, Davies addresses the capitalistic strategy adopted by Black Power leadership in the 1960s and 1970s in order to enhance power and local control among blacks. While engagement in capitalistic ventures and institutions enhances a form of power, it also lent itself to the quelling of radicalism and the mainstreaming of Black Power (ibid). Davies takes the position that Black capitalism has it limits in advancing power within the black community, a goal central to the first generation of CDCs.

Nonprofit Industrial Complex: A useful concept for understanding the work of CDCs in advancing racial justice is the Nonprofit Industrial Complex, or NPIC. The NPIC is a view that explains the role of non-profit organizations in defending the pre-existing power structure against forces of transformation. The NPIC is a system characterized by the concerted workings of the State, non-profit organizations, philanthropists/funders, and the "owning classes" to diminish and control movements for social justice (INCITE, 2004). This is done, in part, by subsuming individual movement actors into formal roles at state-sanctioned organizations, and by "encourag[ing] social movements to model themselves after capitalist structures rather than to challenge them" (ibid.) Furthermore,

non-profit 501(c)3 organizations-- the tax code shared by CDCs and many social service and community-based organizations-- are corporate entities that must comply with State charters and are limited in their ability to lobby or engage in political action. In his critical perspective on non-profit organizations, Rodriguez asserts that the NPIC "colonizes all other options we now can't imagine" (2007).

CDCs are subject to the strictures of their 501(c)3 status, which requires not only that they largely refrain from political activity, but that they be in good relationship with the funders- individuals and foundations, public and private—that they depend on for their existence. This difficult line to walk—of depending on powerful parties in order to do mission-based work for social change—is made even more difficult with the financial austerity and the obfuscation of the relevance of race and racism that accompany Neoliberalism.

Race and Professionalism: The consensus in the CDC literature that the increased professionalization of CDCs can be in tension with full community participation is made explicitly racial in by Alkadry et al (2017). The trend of technocratic treatment of community development is previously established. Through case studies, Alkaldry et al find that public administration and community development practices that emphasize performance measures—that is, meeting certain standards of productivity -- reduce ethical behavior and outcomes *in communities of color* (ibid.). Furthermore, the problem with a "results-based" outlook is that it allows for non-accountability and "mutes responsibility" (ibid.) Instead, the authors maintain that the duties of planners

and administrators must meet ethical tests in order to ensure positive outcomes for communities of color (ibid).

In another example of the relevance of a race equity lens for CDCs, the discussion of CDCs' dual function as a physical developer and as a developer of social infrastructure is complicated and racialized (2005) (Moore 2005; Davies 2017). Moore focuses on community development projects meant to support black *identity*, which is complicated by class stratification within black communities. Moore discusses particular community development projects run by black communities as "racial justice projects" but notes that black communities can themselves become agents of marginalization by upholding the black middle class over the black poor. When individuals, or subsets of a community gain wealth, they may become more mainstream, or integrated into a system, and they themselves can become the agents of marginalization (Moore 2005).

***Race as a source of collective power*:** In a 2015 article on planning practices, Song critiques progressive planning discourses such for their failure to treat race and racism in full, rather than as purely divisive issues. Specifically, she writes that movements to counter the dominance of the interests of capital must *confront and use* race in order to achieve their aims. The experience of difference does not have to be problematic, rather it can be fuel for successful transition to just outcomes (ibid.) For Song, paying attention to race and using race as a dialogic tool is a way to arrive at justice in planning and development

outcomes. The norm in planning and development, according to Song, is to avoid the topic of race (and racism) because it understood to be harmful. I add here that CDCs are among planning and development organizations that have the power to recognize, or in contrast, skate over the pain and the transformative power of confronting race to achieve their goals.

In a separate vein, Song encourages a nuanced look at meaning and possibility as they relate to race and countering racism. She exercises W.E.B. Dubois' concept of "double consciousness"—an ability to see from two perspectives: from one's own perspective by nature, and to see oneself through the eyes of others by dint of being subjected (2015). Song uses Dubois to show that racism is not a problem that harms black people alone: racism "inhibits the capacity of whites to fully comprehend their potentialities within it" (ibid). Furthermore, "racial others"

> in disproportionately absorbing the tensions and contradictions internal to global capitalism…embody experiences and insights that can direct the policy visions and concerted actions of class conscious, multi-racial alliances toward addressing the deepest problems hindering democratic society (2015).

The aforementioned articles bring a necessary race lens to the community development literature, identifying the otherwise inexplicit yet crucial matter of racial identity and the problem of racial oppression that gave rise to and continues to shape the community development field.

Conceptualizing equity and justice: The subject of equity is prevalent in the Equity Planning and Transformative Planning literature. Planners attempt to

define equity and prescribe ways to reach or enact equitable outcomes *and* equitable processes (Krumholz 2013; Fainstein 2013; Davidoff 2003.) Within the planning literature, Brand offers a helpful and nuanced perspective on equity, highlighting the difficulty of defining "equity in the context of a *persistently unequal* yet democratic society and neoliberal state" (2015, 252).

In a qualitative study on post-Katrina redevelopment in New Orleans, Brand demonstrates that there are different meanings and understandings of equity that are based on race and based on experience (2015). Unsurprisingly but essential to note is that whites are far more likely than blacks to believe that racism is not a major problem in American society (ibid).

For the black respondents of Brand's inquiry, equity had to do with history, memory and experience that ties the past to the present. Equity is not just a matter of redistribution but of recognition of the history that has created inequity, and recognition of the experience of inequity (ibid). For black respondents in two neighborhoods, the "community value" of land was a shared framework, whereas for the white respondents in a third neighborhood, the use value was upheld, harkening to Logan and Molotch's formulation (1987). For black respondents, experience and history were closely linked to the land that was the subject of redevelopment. Communication of that experience and history are central to a vision of equity. Brand contends that this nuanced "relational definition of equity" resists the entire Neoliberal paradigm that does not carry this definition within its boundaries (2015)

Ultimately, to Brand, in present-day equity planning, there is a need for redistribution *and* a need to examine how "privileged democratic voices" uphold inequitable practices that maintain the *status quo* (ibid*)*. The *experience* of inequality is one key that will unlock possibilities for equity, which is currently bound by Neoliberal strictures that don't allow for alternatives.

Advancing racial justice in the field: Outside of academic scholarship, there is increasing attention to the work of advancing racial justice in the private sector, in government and in non-profit institutions. This attention takes the form of articles, exposes, white papers and toolkits. New organizations, projects and networks are committed to advancing racial justice in their respective fields. For example, the Government Alliance on Race Equity is a national network of 80 local and regional governments with a mission to *achieve racial equity and advance opportunities for all* (GARE, 2020). GARE produces racial equity tool kits, consultations and trainings for local governments to help them shift their work practices and policies to advance racial justice through measurable outcomes. The Center for Assessment and Policy Development, a social-justice-minded evaluation organization launched racialequitytools.org to advance racial justice work for individuals and organizations across sectors.

Within community development specifically and the non-profit sector in general, recent attention has been given to the problem of underrepresentation of black people and other people of color in leadership positions. At a 2019 conference on housing and community development --Reclaiming Vacant

Properties-- a plenary session entitled “Leading a More Equitable Future for Community Development: A Discussion with Nonprofit CEOs” featured five non-profit executives of color (Center for Community Progress, 2019). Their ascension to leadership at major national organizations, including LISC and NeighborWorks, two major community development intermediaries, was described in conference materials as a “noteworthy change in the *status quo*” (ibid.) In 2017, NeighborWorks itself launched a pilot program called REDI Leadership Program (Race, Equity, Diversity and Inclusion) to promote leadership diversification. I have not found an indication that the pilot was extended into a sustained program.

In 2016, The Building Movement Project surveyed 4,385 respondents working in the non-profit sector to investigate why non-profit leadership is disproportionately white nationwide. A sub report that focused on 176 Massachusetts respondents found that three major barriers preclude people of color from more frequent leadership (Building Movement Project, 2018). These were: a lack of mentorship and encouragement from within the organization to advance, the exclusion of people of color from funder networks and resistance from predominantly white board and recruiters who do not believe that people of color would be effective in positions of leadership (ibid).

In 2017, the online community development publication Shelterforce published an article called “Who Will Lead CDCs?” It focused on the disproportionate whiteness of leaders at community development organizations,

the problems associated with this condition, and what can be done to change it. In 2017, 80% of the heads of NeighborWorks America's membership organizations were white, and 2016 sampling of community development organizations, 84% of leaders were white (Axel Lute, 2017).

The article quotes community development professionals who find that hiring practices are predicated on a standard that rewards whiteness, even if unintentionally. Respondents indicated that white leadership can be "out of touch" with what is happening in their constituent communities. Recommendations to diversify leadership include: making a public organizational commitment to doing so, talking explicitly about race and racism in the workplace, changing hiring practices (like asking, in candidate interviews, for examples to demonstrate the candidate's cultural competency), building in policies to promote diversity, training and mentoring leaders and potential of color so that they can succeed in an environment in which they are atypical, offering degree programs in community development to make it an appealing and lucrative path for African-American and other professionals of color, and shifting culture within organizations so that leaders of color are comfortable in their workplaces.

A cursory review of CDC mission statements among Massachusetts CDCs shows that CDCs typically do not advertise a racial-justice agenda.[1]

[1] A random sampling of the mission statements of 15 of MACDC's 63 member organizations yielded no mention of race, racism, racial justice or equity.

Nevertheless, the Massachusetts Association of CDCs, a group that supports CDCs statewide by advocating for policy at the state level and by providing trainings and technical assistance to CDC staff and leadership, has a racially explicit mission statement. It reads:

> MACDC is a membership organization that seeks to build and sustain a high performing and adaptive community development sector that is supported by private and public investment and sound public policies. We advance racial and economic equity by creating healthy communities where everyone lives in housing they can afford, benefits from economic opportunities and can fully participate in the civic life of their community (MACDC, 2019).

MACDC's 2019 Annual Meeting and Conference was called "Advancing Racial Equity," and MACDC is home to the Mel King Institute for Community Building (MKI), a program founded in 2009. MKI focuses on capacity-building for individuals and for institutions in community development. It is home to the Alliance for Racial Equity, a coalition of community development practitioners dedicated to "increasing racial equity and access [to] foster positive work environments in which all employees are understood, recognized, valued, and reach their full potential" (melkinginstitute.org). According to the Alliance, racism is the "principal issue within the community economic development history" (ibid).

MKI's Alliance for Racial Equity is a four-pronged project, which includes an intern network to support students in the Community Development field by enabling access to trainings, a mentoring program for mid-career professionals

of color seeking leadership roles, a recruitment initiative designed to help organizations recruit, hire retain and advance professionals of color, and a steering committee to help govern the work.

MACDC emphasizes the importance of both affordable housing development and the human-services and organizing work of its member groups. Its annual GOALS report seeks to capture the impact of Massachusetts CDCs in housing, number of jobs created or preserved, entrepreneurs and families supported, dollars invested and community leaders engaged (GOALS Report 2019).

Having presented on community development literature as it pertains to CDCs and to racial justice, I now turn to conceptual frameworks that guide this project.

My Conceptual framework: To accompany the aforementioned literature, I present this framework that captures, in part, my understanding of racism. This lens impacts my understanding of the problem of advancing racial justice through CDCs. My framework is informed by my experiences as an owning-class white person living in America, including my membership in SURJ Boston, a group working to undermine racism with and among white communities.

***Recognizing Implicit and Explicit Racism and White Supremacy*:** Race is a "central organizing theme of American society" (powell, 2007), but following the legal gains of the Civil Rights Movement, the dominant narrative maintains that

we live in a colorblind or post-racial state, relegating racism to the isolated acts of bigots, and rendering race taboo. This denial helps perpetuate the ideological, economic and value system of white supremacy, which maintains that white people, and the values associated with whiteness, are superior and correct. The term white supremacy was once associated only with hate and extremism but is now gaining traction to emphasize that white culture and value systems dominate and oppress. For many, this ideology is not knowingly adopted. Rather, it the *status quo*.

Racism and economy: This value system is not free-floating or for its own sake—it is bound to the economic system of Capitalism and to other forms of oppression based on gender, sexual orientation, belief system, physical ableness, country of origin, etc. The United States is "a nation whose economic and social structure has depended on slavery, segregation, genocide, and reservation" (Olsen, 2012). Race, a social construct, was created to protect the owning class against the unification of subjected peoples across ethnicity. By creating value in the construct of whiteness, racism has long been used as a tool of economic oppression. Racism is not the only form of oppression, but it has been highly effective at concentrating wealth by making a moral argument that some are more worthy of gain than others. The connection between racial identity and economy is central to the origins of CDCs, whose goals include building political and economic power in disinvested communities of color. This thesis aims to

shed light on how racist ideology and practices, intentional and unintentional, are reproduced, recognized, and addressed by CDCs.

Levels of racism: Racism is a construct that is ideological and structural—it is codified and made manifest in policies and in behaviors. It is personal and it is procedural and systemic. Identifying manifestations of racism at different levels is important for undoing them but does not alter the fact that these spheres are in constant relationship: the personal informing the procedural and *vis versa*, and the ideological informing what is considered appropriate or right.

Racism is expressed interpersonally through overtly bigoted actions intended to cause harm. It is also expressed through micro-aggressions or "brief and everyday slights, insults, indignities and denigrating messages sent to people of color" (Wing Sue 2010) without, necessarily, bad intention on the part of the perpetrator. Structurally, it is expressed and upheld through discriminatory policies such as race-based mortgage lending practices (Massey and Denton, 1993; Rothstein, 2017) and modes of policing used in communities based on racial demographics (Alexander, 2010; Davis et al, 2018).

Alternative paradigms: White supremacy/racism targets and is principally violent and oppressive to black people and to other people of color, resulting in racialized inequities. White people, especially of the middle- and owning-classes, materially benefit from this system. Still, white people and others who ascribe to the capitalist-white supremacist value system are also injured by it and stand to gain through its dissolution (Baldwin, 2011; Crass,

2013; Song 2015). White supremacy comprises a whole system of cultural norms and values that align with other forms of oppression and control: capital gain over environmental health, competition over cooperation, resource extraction over mutuality and sustainability, inequity and injustice over collective thriving. By colonizing people, places and cultures, the ideology and structure of white supremacy narrow what is thought possible and stand in the way of liberatory alternatives.

This understanding, that the system of racism/white supremacy is embedded in American society, that it is overlooked or denied in the mainstream epistemology, and that it manifests in interpersonal and structural dynamics that inter-relate, guides my inquiry about advancing racial justice in CDCs. It informs the questions I asked, the selection of participants and the interpretation of the findings.

Conclusion: The ideas presented in the foregoing sections help frame how racism is manifested and how equity can be conceived of within the racialized paradigm. Equity is a process and an outcome, and one that is differently understood based on individual experience and experience of one's identity as a member of a group.

These ideas bring into higher relief the ongoing legacy of racist policies of the past and the enduring ideology that creates new policy and practices that have racialized impacts. As the research on non-profit leadership alone

indicates, personal bias and systemic forces that perpetuate racialized outcomes persist within social change organizations.

This thesis raises questions about how racial justice can be advanced at and through CDCs, with attention to both the outward facing activities and functions of CDCs and internal practices. This thesis addresses in particular the tensions between the physical development and social development goals of CDCs as they relate to racial justice and the themes of racialized impact and recognition with regard to internal organizational practices. These issues, as they relate to racial justice, have received relatively little attention among CDC researchers. This review informed the questions that I used in both the expert and practitioner interviews. The research methodology for this project is found in the following chapter.

Chapter 3: Methods

I sought the perspectives of people who work in community develop who have indicated an interest in advancing racial justice in their professional capacity. Rather than speak to racial justice advocates who work "from the outside" by exerting pressure on or interrupting the actions of institutions and other powerholders, I was interested in the opinions and experiences of people who are aware of and want to address the systemic racism is which their professional capacity is embedded. This group—the 11 primary respondents— is comprised of people working in CDCs today. I also sought the opinions of others in the community development field, including a scholar, someone who works at MACDC, and two people working in other CBOS. These four "experts" were selected because of the attention they have given in their work to racial equity. The purpose of this expert group was to offer me broader perspectives on conditions in the field and the challenges and potential associated with advancing racial justice through CDCs.

I spoke only with interviewees working within Massachusetts. Because Massachusetts is my home and the site of my schooling, community and professional engagement, and because it is home to MACDC and the Mel King Institute, it served as a logical context for this project.

Purposeful Sample and Snowball Approach: I used a purposeful sampling approach (Maxwell, 2005; Light et al, 1990; Patton, 1990; lecompte and Preissle,

1993), selecting interviewees who had indicated a commitment to advancing racial justice through professional their roles. From an initial group of interviewees, I used a snowball approach (Goodman, 1961), asking the first round of respondents to recommend other practitioners who were working for racial justice. As I increased my sample to a total of 11 participants through the snowball approach, I looked to maximize the diversity of the sample, which is explained below.

All respondents met the following two criteria:

(1) Was a staff person at a CDC that was certified under Massachusetts General Law Chapter 40H (2010) (and, therefore, a member of MACDC);

(2) Had demonstrated an interest in racial justice.

The "snowballed" participants were staff at certified CDCs and were recommended by an initial respondent. The initial respondents met at least one of the following criteria.

Five different markers indicated a interviewee's interest in racial justice: (i) the opinion of field expert Shirronda Almeida, Director of the Mel King Institute, who recommended the initial round of interviewees based on her understanding of their commitment to racial justice; (ii) participation in a MKI training on racial justice in the year 2015, 2016 or 2017; (iii) participation in an industry symposium hosted by Tufts University and the Mel King Institute called "Practicing Racial Justice: Lessons from the Field" in April 2018; (iv) a position on MKI's Alliance for Racial Justice Steering Committee; (v) and I also identified

potential participants through conversations with members of social justice and organizing networks in Greater Boston.

I asked interviewees that they speak for themselves and not as representatives of their organization, and I formulated my questions in such a way to facilitate that request. I also indicated to respondents that, while their perspectives would be valuable and contribute to learning and conversation about advancing racial justice through CDCs, the project is qualitative in nature and the sample size too small to be representative. The purpose was to learn about some ways that CDC professionals are thinking about, doing, and seeing racial justice advanced in their regular work experiences.

Diversity of CDC staff: This project is necessarily limited in scope, but I attempted to reflect the diversity of the field by garnering responses from a diversity of CDC professionals. In my purposeful sample I sought diversity of role, personal identity with regard to race/ethnicity, identity of community in which participant works; and location of CDC community (i.e. Boston, Western Massachusetts, North Shore). The pool of interviewees consisted of 1 Executive Director, 4 community organizers, 2 community engagement staff, 3 real estate project managers and 1 resident services staff. Five interviewees were women and 6 were men. Some interviewees self-identified their race or ethnicities and others did not. In my understanding, 2 interviewees were black or Caribbean, 1 was African American, 1 was Southeast Asian American, 2 were Afro Latino, 1

was Latinx, 1 was Mexican American and 3 were white. Interviewees came from 9 CDCs-- 6 in Boston and 3 in Gateway Cities around the state.

I also sought the perspectives and the collective knowledge of long-time community development experts who have been explicitly concerned with race and racism within the field of community development. These community development experts will remain unnamed, in keeping with the anonymity of the project. I selected these experts with the guidance of Shirronda Almeida and of Laurie Goldman, my thesis advisor.

***CDCs and other Community-Based Organizations*:** I intentionally chose to speak with staff of certified CDCs as a clear way to delimit this study. This decision excluded non-certified CDCs and other community-based organizations. Respondents in this project hailed from certified CDCs that have differing primary functions. Some CDCs were more focused on real estate development than on community engagement or organizing (an important tension in the CDC literature) and some focused on direct services like financial literacy classes more than others. Still, all the CDCs in this study engaged in real estate development and management, community engagement, and service provision with different priority functions.

In speaking with a small, purposeful sample, and in studying certified CDCs only, I excluded many community development professionals in and outside of CDCs. For example, City Life/Vida Urbana, Alternatives for Community and Environment, Chinese Progressive Association and Dudley Street

Neighborhood Initiative are four long-established organizations that have gained influence over the development of Boston's neighborhoods, and as such fall within the field of community development. These organizations are known locally for their advocacy work and focus on community organizing and building political power, and one organization, DSNI, has received national recognition among scholars, community development practitioners and activists for its model and its successes.

It is my assumption that organizations with explicit policy, advocacy and political agendas, like those listed above, also contend with the organizational thought structures and other challenges I expect will surface in this study of CDCs. Studying only certified CDCs, however, allows me to exclude these organizations and focus on the experiences of the subset of community development professionals whose primary roles are not necessarily explicitly in service of justice or social transformation.

Interview methodology and confidentiality: I conducted in-person interviews ranging from 45-90 minutes in length. The length of the interviews and the purposeful selection of interviewees were intended to produce enough substantive material for me to present to an interested reader.

With the permission of participants, I audio recorded interviews and took hand-written notes. I informed interviewees, at the time of solicitation and at the beginning and end of the interview, that they would be able to choose to keep any part of their interview anonymous. Upon drafting my findings, it

became clear that de-identifying certain comments would prove ineffective in many cases, as context would reveal the speakers' identity. For this reason, I have eliminated all names from this paper.

Interview questions: The interview questions and respective follow-up questions are as follows:

1. a. What are you doing that you consider to be racial justice work?
   b. Can you explain how you see this as racial justice work?
2. a. In what ways do you think what you're doing is effective/what indications do you have that you're making progress?
   b. What are the conditions that are allowing this to happen?
3. a. What challenges have you encountered in pursuing this work/ What constraints, obstacles, brick walls have you hit?
   b. What are the conditions in your organization?
   c. What are the conditions in your community? (Examples- no one is signing up for programs; the board is not on board; there is a lack of alignment with partners)
   d. What are the federal/global conditions? (Examples- there is not enough public money; funders are not aligned with organizational mission; the influence of gentrification and the increased wealth gap impacts our work).
4. a. What changes would support your work?
   b. What information, resources or support do you wish you had?

Coding methods and data analysis: I listened to the audio recording of each interview to supplement the written notes and check the notes for accuracy. I coded the interview transcripts to identify themes for each question. I then created excerpt files to capture thematic content that was most salient and directly related to racial justice (Weiss, 1994). Themes first emerged in the coding process and were further articulated as I analyzed the findings and began to create a narrative.

Chapter 4: Findings on Racial Justice in the Community

This chapter presents findings on the ways in which the CDC staff members I interviewed advance racial justice in their service areas for their target communities. The areas of work that respondents discussed include increasing access to housing through affordable housing production and community empowerment through service provision, community organizing and, in one case, community planning. Some respondents clearly articulated the link between this work and racial justice, while in other cases, the link was less explicit.

After presenting the ways in which respondents strive to advance racial justice, I present findings about the challenges and limitations associated with that work. For many respondents, the reliance of CDCs on City agencies and private investment to build housing is a structural limitation that informs the rest of the work that CDCs, in general, do. Nonetheless, respondents see possibility in public-private partnership and in the ability of CDCs to meet their missions within this challenging context.

Increasing access to affordable housing through housing production: Most of the people I spoke with characterized CDCs' efforts to provide and maintain affordable housing as inherently "racial-justice work." For these respondents, it is a matter of fact that providing affordable housing for predominantly low-income communities of color plays a role in redressing racial inequity. Specifically, respondents explained that affordable housing satisfies a basic need

that is oftentimes unmet in low-income communities of color, and for some respondents, housing is a human right; and affordable housing mitigates the harm caused by racist disinvestment policies of the past and protects against present-day gentrification-fueled displacement, a racialized process.

Housing as a basic need and as a human right: Many respondents made it clear that stable housing is essential to a person's well-being. The stability of one's housing can change the trajectory of their life, explained one real estate project manager. When I asked him how this relates to racial justice, he said:

> [Speaking of] racial justice work- unequivocally I can say that. . . housing can change the trajectory of a child's life. I think once you provide a stable good home for a family, that psychologically changes the parents' behavior, which transforms to better parenting, which transforms to more time to the children's lives being impacted differently. If your parents have to be constantly working to keep up with rent and bills, it comes with a lot of negatives. Yes, they're providing, because they have to, but it diminishes your opportunities as a kid to be able to compete, because you'll have less advantage than the other children. So, when you're looking at a community like [my town], that's majority Latino- if we don't have good quality homes at a price where parents don't have to work two jobs each then we're just setting up our kids for failure from the get-go. That's the reality.

A community engagement professional who works in a different, primarily black community, also connects stable housing with a good quality of life and with racial justice. He said:

> being a CDC focused on affordable housing is actually about pushing back against gentrification, migrant moving around housing, the context of housing really changing in communities. There's a part of racial justice aligned with advocating for sustainable funding from a government---city level, Federal level-- to develop housing and opportunities for people to have good, clean, stable housing and not go back to what was the first

> form of public housing development which basically build public housing with no maintenance and support, really, to keep those developments functioning appropriately so people could have a good quality of life. That to me, is an area of racial justice.

Two other respondents stressed that stable housing is not only the foundation of wellbeing, it is a human right. One was explicit about the connection with racial justice, telling me "Racial justice is a broad term and can mean a lot of things, at the end of the day it's: poor people who live in this neighborhood deserve stable housing. It's a human right." The respondent implied that a lack of housing is an unjust structural problem, but in this portion of the interview he did not make a racial argument about this structural problem. Rather, he said:

> …If through no fault of your own [you can't afford housing] does that mean you don't deserve a place to live? I'd say no, that person has every right to live as much as someone who has billions of dollars.

Housing as a response to racist policies: One community development expert explained that, though piecemeal, building affordable housing or enshrining affordability requirements in development RFPs (requests for proposals) counters racist housing and community development practices of the past that have made affordable housing out of reach for so many people of color. She explained that if we understand the taking of land for Urban Renewal projects to have been racist in practice and in outcome, then we can understand rebuilding affordable housing on that same land as work that advances racial justice. This work, she said, "In the long run, really is starting to address racism."

She credits CDCs with stabilizing neighborhoods, saying that, “Largely due to CDCs, there are neighborhoods with low income people, with people of color.”

A principle concern among respondents is that many of the disinvested neighborhoods struggling with the legacy of Urban Renewal are now being reinvested in through the process of gentrification. Respondents implied (but did not explicitly state) that gentrification is a racialized process that displaces rather than benefits current residents of color. For many respondents, including a community engagement professional, affordable housing is a “tool for combating rising market rates and gentrification in general.”

One person gives credit to CDCs for keeping people stably housed amid increasing land valuation: “Largely due to CDCs, there are neighborhoods with low income people, with people of color.” Another told me that “our job is to be a part of a movement to keep people in their homes, and to make this community vibrant, and, to the extent that we can, mitigate displacement.” Another respondent told me that CDCs mitigate “the huge racial injustice and disparity” in access to housing by providing affordable housing, even under the conditions of gentrification.

Other respondents did not make explicit the connection between gentrification and racism. Instead, that connection seemed to be a given. The overall position of respondents is that, in the contexts in which they work, the work of providing housing is inextricably linked to advancing racial justice.

Challenges and limitations associated with housing: *"It's hard to make explicit connections between the day to day work [of CDCs] and racial justice."*

It is clear from the interviews that housing is a central component of the work done by CDCs, and that providing affordable housing is central to advancing racial justice. Still interviewees told me that affordable housing provision is not enough and agree that a holistic approach to community development is needed to "accomplish the mission of building thriving communities." CDCs work to empower and organize communities is discussed below.

One respondent told me that, despite the work that CDCs, housing justice organizations like Right to the City Alliance, and city agencies do to house the Boston communities vulnerable to displacement, the overall outcome is inadequate. She told me: "I think folks are recognizing that we're all going to lose unless we figure out how to do something differently. No real housing policy passed the state legislature last year—none." Some also emphasized that housing development may actually constrain or work against a racial justice agenda. They articulated several challenges:

CDC as gentrify-er: As the head of a CDC, one respondent was sympathetic to the constraints caused by the policy and funding landscape. Still, she suggested that CDCs that are building market-rate housing in order to subsidize development of affordable units may themselves be agents of gentrification, since market-rate units are not affordable for many of the long-standing working class and low-income residents of these neighborhoods, white

and people of color alike. CDCs can act like for-profit developers, only with a tax-exempt status. She said:

> Is what we're doing actually causing harm at the same time? I don't necessarily think as a CDC community we're asked ourselves that question. We're really good at asking ourselves what are we going to do to build affordable housing, but we haven't actually asked ourselves 'are we doing harm in the way that we're building our housing?'… If we build 200 affordable units out of 700 and 500 white families move in but 200 black folks get to stay, are we actually creating harm at the end of the day? … And that's not being examined.

This interviewee explained that investigating that question is painful. She continued

> I haven't really figured out how to actually have that conversation within our world- it's not a particularly easy one. No one wants to be like 'hey, am I causing harm?' Particularly folks who have been here for a really long time. It's a hard thing to potentially come to terms with. I'm young, I'm new, I can have this insight but it's not my own baggage that I'm putting out on the table. It's somebody else's and I think it's hard to look inward.

Another expressed disillusionment now that she has "seen how the sausage is made" after several years as a real estate project manager. Her disillusionment stems in part from the issue that what is considered affordable housing by HUD standards is not affordable to many in her community. She lives and works in a predominantly black community that has one of the lowest income levels and highest unemployment rates in Boston. This same problem was discussed by two organizers who have worked in coalition to change the definition of affordable housing to meet highly localized incomes and ability to pay, rather than accepting Area Median Income as a fair and accurate measure of what is affordable. While CDCs produce housing that is affordable according

to federal definitions, local standards of affordability remain secondary, meaning that in some instances, CDCs are providing housing that is not affordable to many in their own communities.

Accountability to Community: Another theme in the interviews is that, rather than plan with and for the community, CDCs can seem more accountable to outside actors because of the need to build housing to remain viable. More findings on the tension between the housing and organizing work of CDCs is presented below.

Most respondents perceive affordable housing provision as both a purpose and a necessity of a CDC, as it is through housing development that CDCs generate revenue. The reliance on outside actors to execute housing projects was presented by many as simply a matter of fact. One real estate project manager explained:

> If the development initiatives aren't successful, we really wouldn't have revenues coming in. We wouldn't have fees coming in and that's a huge thing to consider. Yeah, the development deals help keep lights on in addition to helping stabilize communities.

Due to the need to keep lights on, several respondents perceive CDCs to be unwilling to take risks that might further racial justice goals or honor the mission of the CDC. An Executive Director who is new to CDCs and has a background in working for advocacy groups suggested that the structural and fiscal dependence on outside actors may preclude other approaches to community development. She explained:

> Everyone's trying to figure out how to exist in these conditions. At the end of the day, we're organizing to move our people towards liberation, and it's a paradox because we can't piss off DND, the BRA, the Mayor. . . It's hard to move radical demands…

A community engagement specialist told me:

> You don't want rub [the City] the wrong way because you gotta go back in the room with those folks. That's the challenge- finding that balance between pushing back on some of the efforts and agendas that you know are not leading to racial equity, but also not rubbing city-based government in the wrong way that you can't get in the room and get anything done.

This respondent noted later as he discussed leadership that a lack of risk-taking is normal and problematic among non-profit and public leadership in greater-Boston. This issue is taken up in the following chapter.

Knowing that healthy communities require more than affordable housing, CDCs themselves do more than house. The next section describes the community empowerment work done by respondents in order to, among other motivations, advance racial justice. The section includes the challenges and limitations that respondents articulated, including the challenges imposed by the centrality of the housing agenda for many CDCs.

Community Engagement and Organizing: *"Organizing is contesting power":* Many respondents discussed organizing and engagement work as integral to the health stability of their constituencies, and understand their work through a racial justice framework, whether or not they make that explicit. For most respondents, the community-empowerment work they do is, at its

essence, advancing racial justice. One expert told me that "racial justice has to be framed with community development and empowerment of local neighborhoods." On the subject of advancing racial justice through CDCs he told me:

> I think community organizing is very important. The activities of this sector should be closely linked to direct benefits for residents, but benefits that are defined by residents. An implication of this proposition is that community organizers (who know the community) should be retained.

Like this expert, other respondents were, on the whole, concerned with augmenting resident voice in order to gain more control over how their neighborhoods change over time.

A variety of approaches to community empowerment are represented among respondents. Some discussed service-provision and focused on facilitating access to resources while others indicated an orientation toward power-building through trainings and community organizing. One respondent spoke about the multi-stakeholder community planning that his CDC is involved in, with the aim of regaining control over the neighborhood's future -- physically, economically and culturally.

Among organizers, control over decision-making, especially with regard to gentrification, is a principal concern. As result, some organizers spoke about empowering residents to become influential stakeholders in development processes in their neighborhoods. They implied that advancing racial justice is

inherent in their approach. As with building affordable housing, respondents contend that empowering community is a method to advance racial justice.

For most respondents, the organizing and empowerment work done by CDCs picks up where housing provision leaves off. Housing, many maintain, is essential, but it is through resident engagement and organizing that communities gain access to other necessary resources and increase their own social and political power. A resounding theme in the interviews is the building of community power to affect the planning and development processes that typically exclude low income, minority and immigrant communities.

Accessing services and resources: Respondents' CDCs provide a range of programs, services and activities to support individuals in furthering their goals and better navigating systems like the education, financial and criminal justice systems. Examples include tax preparation, financial planning, English lessons, immigration support, know-your-rights trainings, voter registration, health resource fairs, parenting support, and community-clean up days. For some respondents, improving access to resources is analogous to building affordable housing where it would otherwise not be.

Respondents named the connection between their work and advancing racial justice, noting that racial justice is not an explicit goal. One respondent indicated that the service provision he does is "of course" racial equity work but that it's not described that way in his workplace. Another told me that:

> . . civic engagement, the fact that we have the lowest voter turn-out and a lot of times representation from low-income communities don't reflect who [those communities] are or people who look like them who sit in positions [of power] don't move agendas that are really based on their needs. And so, I think racial justice is wrapped up in all of that. . . Racial justice is about the fact that we have systems that leave people out and how are we working together collectively to address those systems? To me, [we need] a systems approach to racial justice.

The problem of a language barrier came up in several interviews. One respondent in resident services works to eliminate the language barrier by providing materials like housing applications in a residents' preferred language or by providing a translator. While she identified language justice as an issue that needs attention, she did not explain how this connects with racial justice.

In one case, to address the community's linguistic need, an interviewee told me his CDC gives English classes to 101 students a year. He said that this "intangible" language barrier "is not at the forefront of conversations on racial justice work," even though it hinders "passionate and capable individuals that would make great civic leaders." For him, the language barrier inhibits *leadership*, whereas, for the first respondent, the language barrier inhibits access to services that they otherwise might have.

In addition to language being a barrier to resource access, the resident-services staffer explained that fear is another problem for many of her CDC's residents. While there are many resources available across the City, she explained, "immigrants, in particular, are afraid to go and identify themselves." In response, her CDC is offering these same resources in house, a venue where residents feel more comfortable.

Organizing Against Gentrification: The community organizers I spoke to were primarily concerned with increasing the community's collective political power to determine how their neighborhoods develop, especially in the context of gentrification. A chief concern among many respondents is that their constituents are most vulnerable to gentrification-fueled displacement, yet do not have a voice in the typical arenas and processes in which development decisions get made.

According to one community development expert, in Boston in particular, a major challenge to advancing racial justice is that

> Real estate/big capital development-construction is driving what the city will look like, and who will be its major beneficiaries. There is not enough community organizing within some neighborhoods, and across neighborhoods, to challenge this problem. Some may not see it as a problem since it means jobs and economic benefits, of course**.** And the latter is good, but only if associated with a vision for Boston where in the words of Jane Jacobs, 'not a sparrow shall be moved...

Development for capital gain, he explains, is a threat to the advancement of racial justice in Boston, and, importantly, he implies that different narratives of development are pertinent to understanding the role of CDCs in advancing racial justice.

A composite list from the interviews of political venues that typically underrepresent CDC constituents include neighborhood associations, Article 80 Impact Advisory Groups (in Boston), public hearings and public office. Organizers are therefore working to increase constituents' capacity to advocate

on their own behalf by helping community members develop the skills that will help them be effective leaders within decision-making venues.

As a group, organizers indicated that, unless community members are able to assert their own needs effectively within decision-making venues, their interests will not be met. One real estate project manager was clear that, when people of color are absent from these processes, they "lose, automatically", because their perspectives and interests are not taken into account. His understanding implies that the needs of people of color and the needs of those in power- primarily white people- are not aligned.

He characterized the leadership profile of one of two cities he works in, telling me:

> I see the power dynamic not being distributed well in the city. Where the power structures are in the hands of old, white males- specifically white males, not white females. And, that's a problem. That's a problem when you have a city that is majority minority in population, yet the smallest population holds the most power in decision-making. Whether it's city government or private corporations or small businesses, you see it

Others agreed that power is concentrated in such a way that is threatening to the interests of their communities.

In referring to a housing plan published by the City of Boston, one organizer explained, "If you look at the city we're planning for, the city we're building, it does not look good. It does not look good for people of color, for working class people," because the people who stand to be harmed by this plan are not making the plan. (She and other respondents identified that they are

doing their work within a difficult socio-political context that does not uphold their constituent's needs. Another organizer spoke of the "New England fallacy [that] we're very liberal" and referenced a racist attitude that characterizes in some ways her neighborhood. She took on the role of a person manifesting that attitude, telling me: "'I shop organic, but I also shrink away when young kids of color who are being loud come through the street.'" This respondent also expressed disappointment with her State Representative who adopts the attitude that "we live [in a progressive place] so don't need to talk about [racism]", and it's best to "let our work speak for itself.")

Respondents indicated that the crisis of gentrification should be addressed with the input of the communities most impacted by it. Empowering residents to use their collective voice that represents their communities is racial justice work because these residents are immigrants, people of color and other non-traditional actors in the sphere of planning and development.

To be effective in this sphere one organizer works to develop relevant skills in the two-part leadership training program he developed. The first part of the leadership program is focused on identifying developing one's own leadership style and also addresses conflict resolution. The second part is focused on advocacy and campaign organizing. When I asked how this relates to racial justice, he explained that these trainings use a "racial justice lens", which is "in the background" and is not explicit.

This organizer said that when he first arrived at his CDC, although "it was the goal of the CDC to make sure residents had a voice in the neighborhood" he did not see staff or leadership working to eliminate the barriers to leadership. He explained:

> When I first came to the CDC there was a real focus on making sure that underrepresented residents (so low- to moderate income, people of color, immigrants) are involved in community stuff- [like] meetings, hearings that might affect the neighborhood, those kind of things. But [there are] barriers to those kind of things- language, transportation, comfort levels, public speaking- those kinds of skills. It was goal of that CDC to make sure residents had a voice in the neighborhood but there was no vehicle for reducing some of those barriers.

This respondent took it upon himself to develop a leadership program that would address these barriers and work to empower local residents so that they are prepared to sit on Impact Advisory Groups.

Another organizer indicated that community voice in the way a neighborhood develops is a racial-justice issue, whether or not that point is made explicit. She said "racial-justice work" can be too narrowly construed:

> I think sometimes people think about racial justice in too limited a way. When we're saying community benefits should be more determined by the community, and addressing actual needs, that people's voice is actually incorporated [this is racial justice work].

Like the above respondent, part of her work is to help residents better understand the development process so that they can be effective advocates for community interests. She explains that she doesn't have lawyers, but she has residents who can cite legal arguments, and actually correct local officials on the proper process for community benefits (like more affordable housing).

Shifting the narrative through art: *Here, with permission from the respondent who I keep anonymous, I identify one CDC as it would be effectively impossible to de-identify the organization as the example is particular.*

In Salem's Point neighborhood, North Shore CDC worked in partnership with social service agencies, community groups, the City of Salem and the police department to develop a plan for the neighborhood called The Point Vision and Action Plan in 2012 and 2013. The Plan was put into action in 2013. The Plan identified a goal of reducing negative stigmas associated with the Point Neighborhood, which is the densest in Salem, with a high proportion of renters and a high immigrant population- socially and economically excluded from the rest of the City, one respondent explained.

In response to the need identified in the Plan to "reduce stigma while building neighborhood pride for neighborhood residents and building a more positive image of the neighborhood for those external to it" the Punto Urban Art Museum – a collection of 40 murals painted on the outside of CDC-owned buildings--was born. The interviewee explained that the stigmas that the Museum was intended to contradict are "typical" of low-income neighborhoods, and include "all those associated with recently arrived immigrants that play out at institutional level- that people shouldn't access resources in their native tongue, should learn English… [and ideas about] how low income people behave, stereotypes about crime, cleanliness, infrastructure…" For the respondent, the Punto Urban Art Museum is about building community pride and is an economic development tool to bring people into the neighborhood to enjoy its art and

culture. He explained that, because the murals are painted on CDC-owned buildings, the buildings will not be sold and, therefore, this is not a tool of gentrification. Rather, it is primarily a celebration and reflection of the community and the cultural nuances that make it unique.

Tension between housing and empowerment: Respondents were clear that the empowerment and organizing work of CDCs is critical and that the centrality of housing to a CDC's operations can curtail the community empowerment work. Several respondents perceive the centrality of the housing function at many CDCs to be a departure from the resident-driven systems-changing work that CDCs emphasized in previous decades. One organizer captured this concern, saying:

> The resident-led, resident-driven piece [of CDC work] is super important. That's where [the CDC movement] stemmed from-- residents saw some issues and convened. . . [and] maybe the legacy is still there [but some organizations] go off-focus and need to be refocused and come back [to those origins].

Some explain that CDCs are not doing enough to prioritize building community power because the housing work takes priority as a revenue-generating activity in the context of limited funding and high land value. The same interviewee that explained that housing work keeps the lights on was critical of CDCs that "start to take on some institutional qualities" like prioritizing fundraising schedules over resident input in a development project, he said.

In his opinion, "The more people you bring in you're going to bring in more ideas, better solutions," and the more likely the project is to gain

community support and pride. He told me that this opinion is not widely shared among industry professionals who are more likely to find community input burdensome rather than essential to the progress of a project.

Referring to members of the community, he said that "People have the idea that the [CDC] only comes to them when [the CDC] needs something." What is absent is: "Consistent dialog, ongoing conversations, even when there's not much to report. There's a need to maintain that [communication]" between the CDC and their constituents, he said.

Some respondents noted that CDCs may have an interest in harnessing or quelling community power so that community does not organize against the CDC itself when it opposes a real estate project or other project of a CDC. In theory, this tension could compromise the role of the organizer, according to a few accounts. One organizer summed up the issue:

> Because I'm from the community I'm more attached to the community than I would be to an organization or other community. I'm for the people regardless of that, even though the institution wants me to organize the people, it would be to a certain extent- people can organize against us, it's not a bad thing, it's a checks and balances thing… That's the part, that's the part it comes down to, if you organize the people, it becomes them. It doesn't become me and that's exactly why I say there's danger in that. There's danger in them coming at the institution—they might say I don't want you to organize them because you might not be able to control them after—from what I've seen, if 10-12 people actually achieve what they set out to do, then they want something else, and something else. Now they live for this.

Several respondents said or implied the ideal that CDCs organize the community so effectively that the role of the CDC community organizer becomes

obsolete. Two respondents were explicit about their belief that the role of the organizer is not to promote an agenda determined by the CDC, it is to help develop and empower the voice of the community. A third interviewee who is a real estate project manager told me that:

> At least my approach, my thoughts about community development is that organizing is the important part. It's more about helping to people find their own voice so they can be their own advocates. . . The way I was brought through the career thought process is, as organizers, you should be looking to put yourselves out of work.

CDCs, as formal organizations with funding and a recognized role in community development, have institutional power. According to some organizers, the goal of CDCs should be to "transfer" the power of CDCs to residents, not to perpetuate its own power. It was unclear in the interviews if these respondents believe that their CDC as an institution shares the outlook that they work themselves out of a job.

The tension between the empowerment work and the housing work can be found *within* CDCs, too. Two respondents noted that real estate departments and organizing departments can be "siloed" within CDCs. In one case, a respondent told me that the tension between the real estate and the community organizing departments was so significant that staff made an effort to breach the divide by bringing people together to talk about it. That effort dwindled, and the said she still makes sure to say hello to the community organizing staff and update them on real estate work to build trust and chip away at the idea that the

real estate department only talks to the organizers when they want something from them.

In summary, interviewees on the whole maintain that providing affordable housing advances racial justice, and that community empowerment and organizing work is central to holistically serving a CDC's constituency. Both areas of externally facing work have their limitations. Housing alone cannot provide for well-being or a state of racial justice. While oftentimes being inexplicit about the organizing-racial justice connection, no interviewee contested the legitimacy of organizing as a racial justice project. The main challenge associated with the work is that it is not, in many cases, at the forefront of the CDC's work. In several cases organizing was deprioritized. Some respondents were more explicit than others on how their work relates to racial justice, but all see racial justice as somehow inherent to or underlying their roles as CDC professionals and indicated the link between community development and justice-oriented work.

The next chapter focuses on work happening to advance racial justice within the walls of CDCs. The reader will find that the themes found in this chapter on external work are mirrored in the chapter on internal work.

Chapter 5: Findings on racial justice inside the organization

This chapter presents observations about how conditions within CDCs mirror systemic conditions in the field of community development. The conditions discussed below influence efforts to pursue the external racial justice strategies discussed in the previous chapter and influence the attempts that are made to advance racial justice within CDCs. The findings show that the people I spoke with are more able to identify problematic conditions than efforts to address those conditions.

Two main issues emerged from the interviews. First, there are not enough people of color in staff or leadership positions to adequately represent the perspectives and priorities of the communities the organizations seek to serve. Secondly other aspects of organizational culture, including racial bias and lack of knowledge about racism and racial equity, typically preclude activities that might advance racial justice. These issues co-exist, reinforce each other and are not easily contained by a theme. As such, some issues are referred to multiple times below.

The sections include a characterization of the main issue followed by a more in-depth look at the associated problems, as described in the interviews. I then describe either the efforts undertaken by respondents to address the problem, or their suggestions about what might be done to adequately address the issue they describe.

Under-representation of people of color: ***"****When we're doing this work as a CDC, the lens that a person of color brings is priceless [even though] everyone around that table may not even understand that or recognize it."*

I went to an anti-racism training at Trinity Church [where there were] all these different non-profits, not just CDCs. [We're asked] 'is the administrative assistant in your organization a person of color? Are they the lowest paid person doing a lot of the work?' And you're looking around and it's true for all of the organizations, and you're like, wow, so we're part of the freakin' systematic problem… You sort of know it's going on and you get used to that being the reality, seeing people of color in these kinds of positions, tracked in these positions and everyone thinks that that's normal and how it is, and it takes a minute to open your eyes, to question why that's going on. I think it's easy to think 'oh, it's just us we're one little organization' but then you look around the room and you see you're part of a whole… part of lots of organizations having that problem.

A prevailing concern among respondents is that there are not enough people of color employed by CDCs. Respondents discussed specific problems associated with underrepresentation at CDCS and in the field of community development. First, this underrepresentation indicates to respondents that racial bias informs employment practices, thereby reinforcing a culture in the field that accepts this bias. It indicates generally that the skills and experiences of black people, other people of color, and low-income people are not highly valued. For the respondents of color who discussed it, this condition is both an insult and a burden, and it causes them to question the intentions of their colleagues and the purpose of their organizations.

Respondents also emphasized that underrepresentation of people of color on staff and in leadership diminishes the ability of CDCs to produce optimal outcomes. According to respondents, the limited representation of people of

color results in the limited representation of their valuable perspectives, which can only be gained through experience. Some contend that, through the existence of multiple perspectives brought by racial and cultural diversity, CDCs would likely produce better outcomes.

Furthermore, less discussed but still noted is the problem that, by not hiring from the community, CDCs are missing an opportunity to advance wealth and professional development among their constituencies, work that is central to the missions of CDCs.

In addition to racial bias or racism that respondents implied in their explication of the problem of underrepresentation, respondents identified two conditions that support this status quo: one is the exclusive hiring practices used by CDCs and the other is the problem of entrenchment among CDC leadership. Respondents discuss these problems and offer ideas about how to change these particular conditions.

"Qualified minorities" and racial bias: Several respondents noted what they perceive to be a commonplace notion in the field, that there are not enough qualified people of color to fill positions at CDCs and other organizations. One Real Estate Project Manager, an Afro-Latino man, told me: "…When you hear the words 'we want qualified minorities', that in itself is saying minorities are not qualified and it's hard to find them, which is not true."

This outlook—an idea based on bias— is experienced as a burden for some of the respondents of color. Having been hired, some respondents now

have to work within cultures that uphold negative stereotypes about black people and other people of color. Disproving stereotypes is not included in anyone's job description, yet the experience is familiar to some respondents. A real estate project manager, who is a black woman, has inquired about her organization's hiring practices because she sees so few people of color in decision-making positions. She explained that, in response to her inquiries, it has been indicated to her that she is some sort of exception among black people and for her:

> [That response is] quite disrespectful and I've said that. It tells me that 'there isn't anyone good like you, you speak differently'… have you heard that term? Like, black people speaking white, 'oh well you're different, you know how to talk proper,' that's how I internalize that statement.

One community organizer described a work environment that upholds traditional (read: white) standards of professionalism. This organizer who is a person of color refuses to conform to white cultural norms. He told me that he does not want to change the ways that he speaks- his accent, dialect, words that he chooses to use- in order to be taken seriously in his workplace. He is outspoken about his unwillingness to change who he is in order to fit into a professional culture he finds harmful. He elaborated:

> If you're telling someone to be someone they're already not, you're already putting them at a disadvantage. I'm never gonna be that, I don't want to be that. I don't want to be about [talking a certain way], I don't have to do that to be an executive director, to be a professional.

One real estate project manager who is black told me that he was pleased when he first saw the demographic make-up of his organization, which employs more women and people of color (and women of color) in real estate than he's used to seeing at other CDCs. He called his organization an "anomaly" in that regard. Still, in interactions with others in the field, outside of his CDC, he finds himself in the unwelcome role of challenging biases through his very existence. He said that "folks don't necessarily expect a project manager to look like me" and

> I don't want to be in the role of just disproving stereotypes but it's also [the role of] changing what people's expectations might be. Yeah, there are people of color who can do these jobs. It's not anything that should be viewed as revolutionary.

He continued,

> I might feel as an African American male that my views might not be valued, appreciated, or just, sometimes when I'm in a room to even be able to express myself… Yeah, there are prejudices, conceptions. Do I necessarily feel that I'm fully judged on what I can do? No.

Being perceived as an exception and being judged on how one looks or speaks was a shared experience among several respondents of color that indicates that there is a dominant culture within their professional environments that is defined by whiteness. Representation is not only a matter of the amount of people employed of a certain identity, it is also about the power to create culture and make decisions, one respondent explained. Though she said she has many black co-workers, she is one of few black people in decision-making roles at her organization. She was careful to explain an important observation about

her CDC and the racial composition of staff. While there are many people of color on staff, they do not occupy influential positions. For this staffer, the implication is clear:

> I interpret what I observe [white leadership, white people in real estate, black people in support roles as] you're not trying to incorporate community into decision-making, this is important, we are mission-driven, if we were for-profit that would be another story- go get that money- but that's not what we're doing here.

Representation for her is not only about how many people are in the room, it is about who has a voice in that room.

Missing valuable perspectives: Several respondents have the understanding that the people in their communities bring distinctive and useful abilities and perspectives to the work of community development. To these respondents, bringing people from the community to work inside CDCs could improve CDC outcomes by helping CDCs meet their missions. In the context of these conversations, when respondents spoke of people in their communities, it was implied that they were speaking about people of color. In these conversations, “white people” referred to white people from outside of the community.

A resounding perspective among respondents is that the communities that are the intended beneficiaries of the work done by CDCs are the true experts on the issues and on the community. White people doing work in a community of color can have an impact, respondents agreed. White people can really care about justice issues and be in the field for the right reasons. Still,

"having a level of shared experience does make a difference" and helps ensure that "the organization respects the will of the broader community," a respondent told me.

According to one respondent, it's strategic for an organization to hire people from the neighborhood because they know the neighborhood and can establish relationships or draw on existing relationships to stay abreast of what is going "on the weekends". She told me that to be trusted and to do good work in the community, "you can't have a person… being afraid, being afraid to walk from the office to [the] Square… or making statements that don't sit well."

A few respondents emphasized that there is some essential understanding that black people and other people of color have that is of great value. Racial identity is likely to determine, in some meaningful part, the lens that a person brings to their work. For example, a respondent explained:

> It's the unseen skills that may come out in one's work, where they may approach things differently or bring a different lens, a more realistic lens. I say realistic not to diminish or discount the lens of my white counterparts. Their lens could be beneficial to the work we're doing if they come from a community with a low-income average, they may be able to provide that lens, but we all know that it's different living as a white woman, and a black woman. . . You do your work differently, because it's not just a paycheck. Your cousins and aunts and mother and father and grandparents are indirectly or directly benefitting from what you're doing in your office… You can have a white man or a white woman be passionate about it, but it's different… It's a different lens, and if your department is all looking through the same lens, that's not fair. (37)

Another real estate project manager agrees that racial and cultural identity matter. He spoke about this in the context not of CDC leadership but of leadership at the City level:

> When you have people in these high-level positions that are well-informed, well-aware of these issues that we care about … when you have people that come from those underprivileged backgrounds, they bring that with them … There are some that embody that, that represent that, and you want them in those positions…That's why when I look at minorities, women of color, even men of color… they'll have a different way of interpreting things, problem solving and critical thinking, resolving some of our issues.

Respondents not only described the benefits of local hiring, they described the harm caused by a failure to do so, linking CDC professionals that come from outside of the neighborhood or from outside of the local culture with traumatic racialized histories. One interviewee described her experience:

> You have this image of people who don't look like you coming into your community and telling you what you need, what's going to happen. My mother lived through [a history of] that, somehow it maybe got subconsciously passed to me because the way we moved throughout the city probably would have been different from our white counterpart because there is a racial issue. And I don't want to make everything about race, but it is about race.

Another respondent shared a similar experience, explaining that:

> If you're bringing in issues of race and class, you would have people who've been promised things for numbers of years, and they really haven't seen benefits so I think there's a level of skepticism when someone's coming to you come in with an idea instead of asking you 'well, what do you think about this?'… The top-down kind of approach-where it's 'I cooked something we cooked up in isolation, I think it's a good idea, don't you?…. Versus understanding who you are dealing with, what are the problems people are actually confronting in the community.

For many respondents, representation of people of color within CDCs is of central importance to a CDC's success. For them, it is both the mix of perspectives that would come from increased and amplified representation, and the actual perspectives brought by people of color that would support better ideas, working environments and outcomes. For some respondents, under-representation of people of color within CDCs is part of the legacy of, and a perpetuation of harmful and racialized planning and development practices often relegated to the past.

Missed opportunity to build wealth*: "Organizations have a tendency to stick with what they know. Where, if they have a short list of 2-3 firms, they're used to dealing with they'd like to continue to do that, in perpetuity, never mind the world changes."*

Several respondents discussed their understanding that, by failing to hire people of color in both internal positions and through contracting opportunities, CDCs skip over an important opportunity to achieve the "double bottom line" of providing economic mobility and developing other capacities of people in the neighborhood. One respondent told me that improving hiring and contracting practices contributes to the economic and professional advancement of the community in ways that will not necessarily be clear. He said: "Even if they don't take over your role, if they develop as professionals, they're able to go out there and make connections and do things that maybe you can't envision."

A few interviewees explained that contracting practices are fraught with similar problems. Several interviewees pointed to contracting minority-owned and women-owned business or enterprises (MWBE) as one clear way for a CDCs

to advance racial justice and meet their double bottom line as mission-driven organizations. For example, one real estate project manager credited his organization with hiring MWBEs for a recent major development project. Similarly, an organizer said that her organization now does a better job of values-focused contracting than they had in the past. While her CDC is not the first to do so, she noted that it's one of the larger CDCS hiring minority contractors at a higher rate than others. "It's riskier," she said, because these contractors have less access to capital and to opportunities that expose them to the development process, "but we're doing it." Still, in the interviews, MWBE contracting was stated as a concrete need that is not yet underway at meaningful scale.

Multiple respondents explained that CDCs often contract the people they know and conceded that this makes sense, as development processes are time-sensitive and oftentimes the CDC is moving on the City's schedule. Still, one person explained, hiring "who you know" supports the careers, wealth and reputation of those who have already made it in the industry and does not promote wealth and reference-building for those trying to gain access to jobs.

As one respondent captured this principle: "How you allocate your money is how you allocate your values, [and CDCs ought to be] making sure that when we do things in terms of selecting a project team, that it actually includes people of color in various capacities." He wants to see more community involvement in building and more training programs to get people into development and construction roles in order to be involved in a way that

generates wealth. He asked, rhetorically: "Yeah, [finances] need to make sense, but then there's the bigger policy or goals... you have a mission, are you actually achieving that?"

This same person argued that contracting MWBEs is a smart investment in the community because it generates community wealth. In his words:

> If more people actually bought into the values about why this is important-- it's not like you're doing something just to be charitable, you're doing something because, one, it's a sound business decision and it also would help support your mission… actually develop some kind of economic stability… That goes a long way when you think about the ripple effects of a project: it benefits the contractor, it benefits the subs who they hire, it benefits the people who they buy their supplies from. I mean the money that a CDC spends -- it's not just that one dollar. It has a ripple effect… I think if people recognize that power and use it, that could go a long way. [There's work to be done to] make sure that people actually internalize those values.

This respondent's logic, that investing in the community on multiple levels and through multiple activities can bring about economic stability, is consistent with the *raison d'etre* of CDCs. Yet, his critique indicates that the culture and practices of the CDC do not uphold that purpose.

One of the salient actions to advance racial justice that emerged from this project is one respondent's use of her positional and organizational authority to encourage a CDC partner to considerably extend benefits for her community. She advocated for bringing young people into the development pipeline that her organization is a part of. She used her position at a well-established and respected CDC with a large housing portfolio to encourage the

hiring of people of color staff, MWBE or local vendors. For example, at one community meeting on development, she asked a site surveyor who was presenting: "What's your appetite to take on youth [for summer jobs]?" She introduced herself and her institutional credentials and remarked on the fact that her organization had given the presenting surveyor many contracts. Later, she and the surveyor met, and she successfully negotiated to get two youth from her organization's youth workforce jobs with his company at $16 or $17 an hour.

This act, she said, challenged the surveyor's way of thinking (and doing), was an exercise of her positional power, and resulted in exposing youth to alternatives to CDC work like the community organizing they might otherwise be encouraged to do. She explained her motivation:

> If large corporations and organizations can make money off of poor people, then I want poor people to be able to directly benefit. Not benefit because they have some housing to live in . . . you gotta be healthy enough to do your job, pay your rent to keep your housing… so, let me have my people experience surveying.

This respondent indicated that she wanted the contractor to think and act in accordance with the purported values of the CDC. She also wanted to bring benefits to the community beyond providing affordable housing, and she wanted youth to have a widened set of options:

> Youth can get a job making money. Basketball, music and being a lawyer are not the only things to make you money. You know what? There's surveying. You might need to go to college, you might not, but let me make you some connections, let me give you some opportunities. That's what a lot of our people, our youth, need—an opportunity to get in the door.

Professionalization of CDCs: Furthermore, throughout the interviews with CDC staff and community development experts, many shared their perception that CDCs are no longer driven by community but by external professionals that can be out of touch with community. Several of the interviewees are professionals who are from the communities they work in. They were not critical of all non-local staffers and leaders, but of what they see as a trend of CDCs being less rooted to community than they had been originally. As a result, CDCs suffer in their ability to meet the needs of their constituents. One community development expert said that:

> There's a huge disconnect between leadership and the communities they serve. There's a disconnect between the services provided in addition to the housing work of CDCs. There's a disconnect between services and people; (they're) not the right services and (they're) not provided in the most efficient or equitable way. There's a disconnect between understanding needs and systemic policy changes that need to happen to do that work.

A real estate project manager, a black woman who lives in the community where she works, described a problematic mentality she observes among professionalized people, including, at times herself, saying:

> We practitioners -- affordable housing practitioners, racial justice practitioners, community organizing practitioners, political advocacy practitioners -- we get so caught up in our knowledge and our esteem and what we've learned and what we've known and come to be open to through our seminars, through our studies in school, and [the idea that] we know the answers, and we're going to use our knowledge, education, networks that we have to make your problem go away because we know what's best for you.

She concluded with "and I disagree with that." A different real estate project manager linked the professionalization of CDCs with whiteness, offering this critique:

> At this point there's a certain level of professionalism in CDCs, where there are relatively defined roles... it's the equivalent of being a technocrat. If you have the technical skills you can do it, but are you actually doing the bigger things in terms of the mission? Yeah you got development built on time and on budget that's great, but you didn't really do anything to engage the community, engage contractors within the community. . . You can have a development, that's great, but, there are all these other areas you've missed out on… [and I'm] wondering about how white folks see issues of racial justice. Yeah, some folks are recognizing at some level there's inequality that something that needs to be addressed.

These respondents call attention to the problem that the professionalization of CDCs is accompanied by the prioritization of certain CDC activities to the detriment of others. Furthermore, the perception that CDC professionals, by a few accounts, can convey not only useful expertise but an attitude of superiority is troubling to these respondents.

Exclusionary hiring practices: According to several interviewees, getting in the door is one of the main barriers to meaningful representation of people of color within CDCs. Common among respondents is the understanding that the hiring procedures typically used by CDCs use the wrong measures to assess job applicants. In describing problematic hiring practices, respondents suggest changes that could be made. Two respondents also shared their personal efforts to affect change which are presented at the end of this section.

Multiple respondents argued that most roles in CDCs do not require the specifications set out in many job descriptions. They posited that job descriptions are often exclusionary in the educational requirements or the desired number of years a candidate has been in the field. Not only do these requirements not account for inequitable access to institutes of higher education or a professional pedigree, there was agreement among respondents that the requirements are simply not necessary.

One frequently voiced critique was that educational requirements are too high for many of the roles in CDCs. The skills one *does* need to be an effective CDC professional, respondents maintain, do not come from a master's degree program. Rather, these skills come from time spent addressing the issues. According to a real estate project manager:

> [You need] someone's who's curious, inquisitive, has some basic skills in terms of following up with things. . . [The work] requires a certain level of discipline, a certain level of personal mastery. You don't necessarily get that from a master's program. . . [The work is] specialized somewhat. When you're talking to folks about affordable housing, you're talking about the LIHTC acronym, the things that are specific to that kind of niche. That's nice, but if someone came to that fresh, you can learn all these things [on the job].

According to an organizer:

> I swear to God, all the stuff they teach in social work class, these little kids at 12, 13 already know how to do- apply to welfare, where to get food stamps. You got kids in college trying to learn this stuff 12-year-olds can do.

Another organizer told me:

> I make a joke that I wouldn't have gone to Northeastern for my graduate degree if I knew that all I had to do was work in [my CDC]… Everyone here seems to be a professional in zoning with no formal training.

Entrenched leadership and risk aversion: In our conversations about racial justice work at CDCs, a few respondents revealed their perception that there is a reluctance to cede power among CDC leadership. As with hiring practices, some respondents identified this entrenchment among CDC leadership as both a symptom and a cause of inadequate representation of people of color at CDCs. Others identified entrenchment as a barrier to improving CDC practices and outcomes, without being explicit about race and racism.

One respondent shared his perception that leadership does not understand the magnitude of racial equity work. He expressed disappointment in the fact that his employer sent staff people of color to the training given under NeighborWorks' Racial Justice and Diversity Initiative. While he was glad that the training exists and that his CDC sent staff people to it he criticized expectations about participation in the training:

> … This is really important, but there's part of me that balks at-- does is make sense to send a person of color to the racial equity thing? They probably are familiar with this, it may be the white folks… you may need to go a little more than us. . . If you're white [you have to think] 'I've got to get my own house in order, what am I doing? What am I processing? How am I seeing things?' If there's even that desire to be an advocate or ally, have you kind of checked yourself when it comes to these things when it comes to issues of racial equity. That's something that I do wonder about when I look at organizations, senior leadership- do they really get it? Do they go to [these workshops]? You might send a person of color because the funders want someone there. That just doesn't sit well with me.

One aspect of the leadership landscape in Boston CDCs (and other institutions) is a lack of risk-taking as one head of a community engagement department conveyed. “Changing a system involves taking risk,” he said, and “the Boston community is very short on a lot of that risk. We’re sort of a get-along city and that doesn’t create the type of change for people who need to get moving or be moved along.” When I asked if he sees places where risk is being taken more often or where leadership is being done differently, he told me that there are

> …other places that honor a level of intelligence and capacity and what people bring to the table even if they don’t look like the status quo, even if they’re not white. You’ll see a different view of top-down leadership in other places like Atlanta and Houston where there is not as much whiteness at the top, quite frankly. And you see that people in leadership who are people of color are not get-along people. They are people who have a strong perspective, a strong view of how to stimulate, create, develop change, and impact change in their community.

This interviewee referred to people he knows who have learned some of the same practices and values that he was taught, but who do not implement important learnings according to his observations. He expressed frustration and amazing with people in his field, including those that he was in a master’s program with, not implementing important strategies. He said:

> I’m like okay you’re in a leadership position… and I’m pretty sure you’ve been exposed to these alternative methodologies on how to address gentrification or whatever it is [but I] don’t hear about innovative implementation of new ideas to address issues. Those are the things that I’m trying to integrate and bring to the table and help the staff bring to the table.

He gave a rationale for the lack of risk-taking he perceives among local leaders, generally:

> Leaders are trying to sustain themselves is why they don't take risks. They try to sustain where they are, the role they're in. They don't want to give up their status. Their status is tied to other agencies and entities who have some power over them having power. That's the natural thing, and in turn that doesn't open up the door or opportunity for people who think differently.

When I asked a community organizer and community development expert about racial justice and CDCs, she made a comment that was not explicitly about leadership but is about "those that have power." She said a barrier to achieving racial justice is "power and the quest for power." She continued:

> People want power, everyone wants power, those that have power want to maintain it. Despite so-called good intentions, people look out for themselves and want to get power. People don't want to name this- I'm often surprised by that. Of course, that's going to play a huge role in anything that has to do with land development.

A real estate project manager told me that:

> Many organizations don't have a lot of change in their leadership, [they spend] 10-15 years in a position, are comfortable in a role, that's kind of the way they like it. A more functional organization would be developing people to go out and do their own thing, to takeover for you, ideally. In an org there might be four people who can do your role. Are you doing what you can to make sure they have that experience?

While longevity can be "good in terms of knowing who to talk to if there's a problem, at same time there should be some level of growth", the respondent continued.

Advancement opportunities: Building a Pipeline: Several respondents treated the topic of leadership, sharing that a pipeline to leadership is needed to advance racial justice at and through CDCs. The interviews did not yield accounts of efforts to shift the leadership profile and the practices undertaken by people in leadership. Still, respondents indicated that they see great potential among CDC staff to move into leadership positions if there were more support for staff to do so.

With regards to obtaining a leadership role, one respondent criticized an access-point to the field: patronage. For him, "in looking at where we are [here and now in Boston], it's like you just gotta know somebody to get in leadership and you don't have to know a whole lot- what you have to know is [the right] people."

At its most basic, support for staff to become leaders would include the outlook *that there is* great potential among the community and lower-positioned CDC staff. Instead, one community development expert described an attitude similar to the "qualified minorities" myth with regard to leadership. She explained:

> When I started in the field there was this idea that there weren't enough leaders in the pipeline, that leadership would transition over but not yet. My perspective was different, people are ready, they need support and training, but you don't need to go outside of the organization to hire.

Another respondent agrees that the potential of people to excel as leaders is unseen by organizations:

> Mentoring, cultivating a pipeline, identifying people who have some core skillsets to be a leader that are significant, then things that you can layer on top of that … A lot of times people leave out people because they don't have the technical skills but they have the technical acumen. They have capacity, but because they can't do it right now it's as if they can't be a leader.

A community development expert noted, generally, that there are a number of initiatives to bring attention to the issue of racially inequitable staffing and leadership in CDCs. The expert stressed that in addition to pushing for more people of color in leadership, leaders need support once they're in position. It's not just about hiring people, she said, because "If (the) organizational culture doesn't support [people of color in leadership], that person won't be able to last long in the position or get resources or support that white counterparts would get in that position." Two other respondents noted high turnover among CDC staffers, in general, with one observing high turnover among people of color especially. In our interview she asked, rhetorically, "who is getting opportunity?" and suggested "we ask why they aren't [participating in certain roles] and see what barriers there are." For this respondent, the groundwork of identifying barriers to leadership and other professional advancement is work yet to be done.

Without CDC-awareness of barriers to advancement for people of color, a critical mass of people able to change the culture, and without the supports in place for those who do access decision-making roles within the field, the *status quo* will persist these respondents imply. One community organizer told me:

> Sometimes I worry that CDCs will fall into the trap that the Democratic party falls into, or maybe certain companies where you're just trying to get a few people of color in there, in the leadership…you know what I'm saying, like, tokenization—you just have a black person basically doing the same thing that the white person was doing before. Is that integrating a different perspective? Is that becoming more diverse in your thought, in your practice? You have to adjust the culture at the same time that you're trying to add people of color.

In addition to the suggestion that an assessment of barriers be made, this same interviewee said that on component of a leadership pipeline could be changes in how staff assessments are done, says one community organizer. She noted that lots of staff in her CDC stay in the same position for many years without the opportunity to grow their professional skills or have their existing leadership skills put to use. Annual assessments that accounted for professional development and other advancements in skill and experience could me a methodical intervention to make leadership development more possible.

Board of Directors: One respondent, a community development expert, discussed board membership. As a means of advancing racial justice through CDCs, he said, "Boards have to be more reflective of a range of interests in the neighborhoods – versus appointments simply or exclusively based on what might bring prestige or donors to the organization."

In their discussion of underrepresentation of people of color at CDCs, respondents described a need for cultural change inside their CDCs. They stressed that representation does not entail a specific mathematical proportion of people of color to white people. Rather, it is a question of voice and power.

The implication is that a shift in perspectives, in problem-solving styles, and in beliefs about what is problematic and about what is possible, is what is needed to truly address racial injustice inside and outside of CDCs.

Organizational culture and racial justice: *Characterizing the culture:*

The "qualified minority" outlook that allows for inequitable hiring and contract practices, a lack of mentorship and advancement for people of color, and entrenched leadership each impact and are impacted by organizational culture. As one respondent indicated in the previous section, addressing one of these problems—like changing who is at the top-- is not enough: what CDCs need is a culture-shift.

In this section, I present respondents' additional thoughts on organizational culture and their contention that this culture typically reproduces problematic conditions that are not conducive to advancing racial justice. Respondents pointed to several characteristics of CDC culture. One set of characteristics concerns racial bias, language bias, and white people's fear of losing power. Inadequate and divergent understanding of the problem of racism is a second factor raised in the interviews. Respondents stressed that because many CDC organizational actors don't sufficiently understand how race and racism relate to the organizational mission, they are not compelled or prepared to act for racial justice. A third major theme is the use of trainings on racial justice to address these issues. Respondents also discussed other interventions to help shift culture. Lastly, respondents demonstrated that there are serious

risks associated with attempting to change the culture, especially for people of color.

Bias and fear: Some respondents spoke directly about white people's fear of the empowerment of black people and other people of color. One community organizer who is a white woman has seen the direct impact of white people within her CDC, not understanding the Black Lives Matter (BLM) movement. She said she has seen white people fear what they perceive to be a militant movement. This fear, she explained, led to lots of resistance when a board member of color asked that the board of her CDC to support the BLM platform. The Board member was unsuccessful in that particular struggle, and while the respondent was not sure why, the Board Member eventually resigned from her post.

While not speaking specifically about his CDC (in fact, he hadn't reflected much on internal dynamics), one real estate project manager who is an Afro-Latino man, spoke about the fear held by some white people about minority groups claiming and gaining power. He said that some white people feel threatened by the Black Lives Matter movement because they believe that black people's gains in power curtails the power of white people. "Power is not bad when it's good" he said, "Folks might not understand what power is, might not understand the lens or the scope of what you mean by power" and therefore perceive Black Lives Matter to be anti-white. He continued:

> Even whites that are not connected to the power feel that it's better [that other white people] have it… [they'd] rather see it in the hands of somebody who looks like one of their family members than in the hands of somebody that doesn't. . . I may not be [the person] to explain all that but I can describe it…

Other indications of a dominant culture that is not currently equitable and therefore not fully supportive of racial equity work emerged throughout the interviews. Three examples follow:

- When I asked an organizer who is white what resources might support her racial-equity work, she laughed and said "a check your privilege wand", referring to white people who are unaware of the ways that their white privilege impacts the culture and process in multi-racial and multi-cultural community meetings.

- A community organizer told me that the Executive Director at his CDC, who is a white man, is a "supporter of Republican and conservative values". This CDC serves and is located in a predominantly Latinx neighborhood. The organizer described a pervasive "old, stubborn, white mentality" that dominates his office, including staff people rolling their eyes when he advocates for social equity in various ways regarding various issues. As a result, he said he has to "pick [his] battles."

- A lack of language awareness and accessibility is a barrier to racial justice for several interviewees. At another CDC, non-English speaking Board Members and Board Members of color were "not able to thrive [and] weren't supported" in part because meetings were always run in English and those

directors had to use translation equipment. (This, and other factors, led to the creation of a racial equity committee, discussed below.) At the CDC that serves primarily non-English speaking Latinx, only one staff person- who does not work at the front desk where community members first experience the organization- speaks Spanish.

Identity and understandings of the problem of racism: The interviews did not require that respondents define racism and no respondent did define racism in our conversation. Depending on the respondent and on the context in which they work, questions about race and racism in the workplace elicited responses about whiteness and anti-blackness, colorism, and, as explained, injustices regarding language.

For all respondents, identity was an important undercurrent in the interviews. Different respondents focused on different aspects of identity, and many indicated that identity differences account for insufficient and disparate understandings about what racism is and how it functions. This in itself is perceived by several respondents to be problematic when trying to advance racial justice.

I asked the Co-Chair the Racial Equity Committee at one CDC if she had any observations or generalizations to make about people's identities and their response to the work of the Racial Equity Committee. She explained that a black/white divide that one might expect are not as relevant at her CDC as it might be elsewhere. Because the staff at her CDC is majority people of color and

mostly Latinx, “colorism and coming to terms with African heritage” are more relevant dynamics than “lots of the learned American racism.”

She’s also noticed generational differences, with older people sometimes thinking that racism is less of a problem now than it was before. To this notion, she responded:

> It’s true but I would also say that things have gotten more insidious, less overt… I always butt heads with this one other staff person who’s older…who had to experience, I think, more blatant racism. She’s like ‘things are way better, what are you talking about?’ [and] I’m like ‘no, I’ve experienced it here in [my neighborhood]. People have said things, or the fact that the kids that we work with in housing don’t go to the other side of [the neighborhood] because they said they get watched. It’s not overt but people still feel uncomfortable. So, we have that disagreement. So, I think it’s like, generational, it’s culture, so I wouldn’t say it’s white people.

Generational differences may account for not just for differences in identifying what is problematic, but also differences in a sense of what is possible or worth doing. When I asked one young community development expert about the ability of CDCs to advance racial justice, she replied: “Among me and my peers, we’re cautiously optimistic, but among leaders who have been in the field for 20 years of more, [the attitude is] ‘we’re trudging along- it is what it is’.”

Another respondent sees this same phenomenon, which he acknowledged is too simplistic but may be useful, nonetheless. He noted that younger people come in with ideas and the older people who have been around say, “Well, this is kind of the system and I’m the gatekeeper.” For him, there is the “person who is kind of comfortable and the person who wants to make a

difference" [or] the "full steam ahead people" and the "'whoa, pump your breaks' people."

This same respondent, a real estate manager who is a man of color, questions the motivations of white leadership and white staff people at CDCs. He said: "That's something that I do wonder about when I look at organizations, senior leadership- *do they really get it?"* and are they motivated to advance racial justice?" He indicated that an important part of racial justice work is white people working to understand racism and how they participate in it. He continued:

> I really do wonder how many folks at CDCs who aren't people of color are preoccupied or actively think about issues of racial justice or racial equity. . .I think about it because I live that, that's part of my life... being stopped by police… I do wonder about white people who work in CDCs and may care about these things, but, I'm like, 'do you think about these things on a regular basis or is it just a job?

He elaborated, indicating that white people have work to do *to be able* to advance racial justice. He told me:

> If you're white [you have to think] 'I've gotta get my own house in order, what am I doing? What am I processing? How am I seeing things?' If there's even that desire to be an advocate or ally, have you kind of checked yourself when it comes to these things when it comes to issues of racial equity?

His comment suggests that white people's houses are not in order, so white people would benefit from learning more about themselves and about what racism is and how it functions.

An organizer who is white told me that she wishes that white had a better understanding of the problem of racism, which would include an appreciation for the embeddedness of racism in culture, and the need to engage in anti-racism as a process. She said:

> Broadly, I engage with a lot of other white people [and] there's this idea that you're supposed to have the answers, that you check a box as antiracist, rather than a process, constantly working at and trying to figure out… there is no easy answer and I wish people would understand that. I think it's a little overly Politically correct in the world of antiracism. We're focusing on the language itself over some of these broader issues.

One resident services professional who is a white woman told me that she's interested in learning more about race and racism and about her own behaviors. As a white person, she wants to be able to help other people understand their impact and support them to shift their thinking and behavior. She has noticed that there are groups of white people in her workplace that do not "get it", either. She said that some staff at the property management company contracted by the CDC treat residents badly, but that they might not be aware of their impact on residents. "It's hard for them to stop and think about the person that's on the other side of the table and why they might need to address them a little differently" she said.

Another explanation offered for why racism is misunderstood and underexamined is the personal discomfort required to understand the problem. Discomfort is a real barrier. At the CDC that holds the Racial Equity Committee, the Co-chair told me:

> Lots of people in the organization don't feel comfortable with the topic, what it means, what exposing it means, and acknowledging a lot of the systemic issues that are within our organization that have thrived and allowed others not to thrive and that's a hard thing to look at.

The respondent who has been an outspoken advocate for racially-just hiring practices said that looking at these issues "is hard, even for me." Nonetheless, she wants people to be honest, and she sees a lack of honesty as a real barrier to change. She told me that even when people think that they are doing work to address racism and racialization within the workplace:

> People who talk about this like to dance around the what the issue really is- and I've said this openly in one of my team meetings- it is about black and white but then it's not about black and white, and until we can have a real conversation about those racial dynamics we're not going to be able to move forward…. Those are uncomfortable conversations that people don't want to sit and have, and they don't want to work through their defensiveness in an effort to contribute to a dialog that's going to try to help minimize whatever this problem is.

The Racial Equity Committee Co-chair explained that discomfort also manifests on the organizational level. She explained that a framework or plan outlining her racial-justice work, while perhaps helpful, is also a representation of risk-aversion. She said a framework:

> Is important, but it doesn't need to be a driving force to have conversation, start the work, put ourselves out there—like, we're probably gonna mess up in some public way, that's fine, not everything's gonna go well, that's fine, things are imploding they're gonna implode, that's fine. I think there's a lot of discomfort with failure.

Interventions to shift culture: According to several respondents, one way to address cultural problems within CDCs and to help staff do better work in the

community is by educating professionals about racism and racial equity. This section begins with the account of one organizer's experience as the co-Chair of the Racial Equity Committee at her CDC. She is the only respondent involved in an internal training or other program intended to explicitly address racial equity. While developing a better understanding of racism and racial equity is a response to the conditions described by participants, the work of becoming educated is fraught with many challenges of its own. The account in this section is thus heavy on the attendant challenges. Other respondents indicated that trainings would be useful but did not have much to share about their experiences with trainings or other organized methods of learning about racism racial equity. After presenting the findings on education, this section concludes with respondents' suggestions about other ways to advance racial equity inside their CDCs.

Learning Together: The Racial Equity Committee: About three and a half years ago, the Board of Directors at one CDC started a committee to address the lack of diversity among board members. The respondent who spoke of this committee credits the initiative of the board chair, a white man who "is a very social-justice-and-equity-in-all-its-intersections-focused-person." She explained that the racial equity process started in order to "create a more welcome and inviting Board," and has since expanded into the rest of the organization.

The earliest iteration of the racial equity process included bringing in outside trainers to give 8-hour racial equity trainings to the board and to the

staff, separately. She described the training she received as a staff person "basic, elementary. It got a little theoretical at the end but for the most part it was super simple."

After that, the organization decided that staff, in addition to the Board, should participate in internally facing racial equity work as an ongoing process, not just through a one-off series of trainings. The Racial Equity Committee was started with a co-chair from the Board of Directors and a co-chair from the staff. The staff co-chair is the respondent who does "off-the-cuff trainings" in monthly staff meetings which means setting aside time at the end for staff to listen to podcasts together or do an informal training. One podcast was about the story of the James Casey Homes in Nashville which was "uncannily similar" to a situation that this CDC found itself in because the CDC plays the "fraught role" property manager and organizer of the residents living in the properties. Learning about another story helped staff at the CDC understand their own situation, she explained.

Other Racial Equity Committee activities include voluntary participation in a book club (books read include Between the World and Me by Ta-Nehisi Coates, The House on Mango Street by Sandra Cisneros) and two trainings given to the board by the staff co-chair. At the time of the interview, the CDC was planning to engage in the 5- session Dialogues on Race and Ethnicity program run by YW Boston a few months later.

The Co-chair, a Latinx woman who is a staff organizer, has encountered many challenges so far in the Racial Equity Committee project. Differing views about the seriousness of the problem (sometimes expressed along generational lines as discussed, above) is both an indication of a need for such a committee and a challenge to making progress in the committee. People also have different views on what topics are appropriate for the workplace.

The Co-Chair of the Racial Equity Committee said that some people may find it inappropriate or simply too painful to address issues of racism at work. She told me that, as a result of more discussions about race and racism at work, some staff seem to think: "I kept this at home and now I've brought it to work as part of this conversation and now I don't feel so great." Moreover, she observed that staff are reluctant to dive into these issues: "They're like, 'ugh, this is my job, 40 hours a week'" she said.

Some of the differences in CDC staff members' relationship to racial injustice came up during the time of the 2016 Presidential election. Some people didn't want to talk about Donald Trump and politics because "[they] already deal with it in [their] personal lives." She said this work has led to "blow outs" or people stopping talking to one another. The respondent surmised that one person took a leave of absence perhaps in part due to the difficulty aroused by these types of conversations, though not having had those conversations may have also resulted in losing staff, she contended.

She noticed a need to "tread lightly with some people, making sure every knows they can opt out [of conversations because] 'it's fine if [they're] not feeling it, we don't want to upset anyone." One challenge is that some staff people engaged with the racial equity committee say, "this is so depressing" and get "stuck in the first part- the anger of the oppressed person [who thinks] 'is this ever going to change?'" For the respondent, part of the pain in surfacing these issues is a sense of powerlessness that she wants to combat by surfacing and making sense of them.

One challenge of the work has been the lack of positional authority the Co-chair holds outside of this particular role. She finds that her lack of authority outside of the Committee negatively impacts the efficacy of the Committee itself. She explained that she took over the co-chair position from the former deputy director of the CDC, a person who held positional power and enjoyed a great deal of respect. When the deputy director asked the respondent to take over her role, the respondent worried that no one would listen to her "and that's essentially what's happened. It's been good for me to grow but very, very frustrating." If something "goes wrong", she says, she has to tell it to the board co-chair, and in so doing is circumnavigating her superiors in her role as organizer. In her words:

> The hardest part is I'm not always in the room for conversations because I'm not a manager. I don't know anyone who will hold the water for me when I'm not there, which is why [the Racial Equity Committee process] is where it is. There have been a couple of instances when I haven't been invited into the room. Discussions have happened, and I find out later I'm

> like 'why did no one [invite me in]?'… People on the board will have my back for that but I have no one on staff during the every day.

This particular challenge points to a wider problem of organizational buy-in, a theme that underpins many of the statements made by several respondents throughout their interviews. The question of how formal and (perhaps, predictable) the Racial Equity Committee work ought to be is a major point of contention. She believes that there is an important role for formal trainings-- as opposed to book group or podcast-oriented discussions-- in advancing racial justice in the workplace, but she also takes a build-it-as-we-go approach.

Some staff and board have argued that the organization is not ready to do the racial equity work because the Committee's methodology is not fully articulated and is not as formal as, say the YW Dialogues program.

For the Co-chair, this is a major frustration. She is confident that work can be done to forward racial equity without having a set work plan in place to do so, but she is met with resistance by those uncomfortable with a free-form approach. She allowed that "a framework creates safety for people who have a hard time with how intangible racial equity work can be," but it is not necessary for the work to go on, she contends.

Additionally, she stressed that "a lot [of the progress of the Racial Equity Committee] has hinged on" the variation in people's experiences, education, and perspectives. During the interview, the co-chair reflected that a lack of common ground and a lack of a shared vocabulary is a challenge and said, "Maybe that's

what we need to do, create a common definition of experience. 'Do we all agree that this what we mean when we say this?' I don't think we've done that as a whole."

By creating a common vocabulary, she wonders if individuals would feel more empowered to engage and if the group would coalesce. She said:

> To assume that everyone's familiar with the concept of using a lens to examine things assumes that people went to college, in the US [where they learn about] a lens of feminism, of equity, and that's not the case for everyone here. Those trainings would be helpful to bring people in [to the conversation].

Another respondent, also a community organizer, has another perspective on vocabulary and expertise. In conversation about what 'racial justice work' is, she said that people can get too caught up in theory or in language, and that "learning how to speak correctly [about racial justice] in academic language, even that's a privilege".

The Co-chair said that, while she's been met with resistance, she has seen some benefit from the trainings she's given, including one on microaggressions. She notices members of staff sometimes discussing or calling out micro-aggressions in a jokey way, sometimes making fun of the co-chair as they do so. Still, she says she's glad to see people be able to identify microaggressions and find a way to bring them up. For her, that's an indication of progress.

The respondent told me at the time of our interview that, if the YW Dialogues program did not go well, the Racial Equity Committee risked dissolution, in large part due to the lack of complete buy-in evidenced by the

contention around the existence of a "framework." The co-chair believes that there is no easy way to do this work, but "it's a lived reality and we need to have conversations and push people out of that area so we can be more productive in our work."

She thinks that staff at her organization should have more awareness about why the organization exists and for whom. She said:

> Recognizing why people who come through looking for financial coaching, why some people are more dependent on our services, why some people have a harder time getting a good interest rate, etc. Look at some of the services we give- 'why does your family not have built-in wealth?', those things, understanding historical context as you come to this country.

She continued: "A lot of trauma in our neighborhood is racial trauma. [We need to understand] why people are living in violence, why these people are people of color. . . Have conversations, tell people about it."

Other respondents agree that a better understanding of racism and racial equity among CDC staff would improve their efficacy as community development professionals. One community engagement specialist sees a need for "more opportunity for professional development, when it comes to training with a social justice lens because oftentimes there are people well-intentioned who would be more effective in their roles" if they better understood social justice issues.

Other interventions to shift culture: In addition to trainings to help advance racial justice, respondents suggested other interventions. For some, a lack of protocol or infrastructure for addressing social and cultural problems can

hinder meaningful cultural shift inside an organization. Examples of interventions other than trainings follow.

One community organizer attempts to interrupt cultural norms that reproduce social and racial hierarchy. She is being "mindful" of how meetings are run so that they are conducive to multiple forms and styles of participation, not dominated by one culture that may not work for others. She didn't give me an example of what that looks like at community meetings, but practices include voting processes and circle processes wherein everyone gets a chance to be represented.

Taking lessons from her time as a union organizer, this same community organizer mentioned the power of policies to combat racial bias within an organization. Procedural changes such as having a leveled pay scale or a set amount of vacation days can interrupt problematic cultural practices, she said. Any policy that can eliminate discretion can eliminate decisions informed by bias, she explained, offering the example of a set number of vacation days for all people rather than treating this matter on a case-by-case basis.

Like the Co-chair of the Racial Equity Committee, another respondent is having a hard time addressing microaggressions and other problematic behaviors. This respondent, the resident services professional who is white and new to community development but comes from a background in non-profits, said that she is witness to a widespread "lack of awareness" across the sector, a condition she is not sure how to address because there is no roadmap.

> The biggest struggle is doing something in the moment [is]: what is the right protocol? Also, if I have less power than the person [who acted in a problematic manner] … and, if it makes *me* feel uncomfortable how is it making the person *even more removed* from power feel?

For this respondent, learning about how race and power can play out is necessary, but is not enough. She is not sure what to do with the information that her awareness has brought her and she questions her ability to interrupt culture and change it.

She told me that she attempts to address interpersonal racist interactions by discussing what she sees with the people involved, after the fact. She attempts to have private conversations so that people are more likely to feel safe and not defensive. By speaking with the person that she perceives to have acted in a racist or otherwise harmful way, she attempts to draw attention to the problem so as not to be complicit in it. She explained that, by speaking with the person who may have been the subject or target of racist treatment, she attempts to support that person by acknowledging that there may have been harm done. She indicated that an inquisitive approach is helpful, asking people if there's something going on or if they need support. While she expressed that she is, in part, empowered to act on her own initiative, she expressed a need for support from others.

Lastly, the co-chair of the Racial Equity Committee suggested that one way to institutionalize racial equity work is to create expectations that staff will:

> educate [themselves] in racial equity. [That] could be part of staff evaluations, quarterly, monthly, as an organization creating accountability through… a system of rules and regulations embedding [racial equity work] into the organization, like a map for us to use while we conduct this work.

Risks of confronting the dominant culture: An organizer who works with a primarily Latinx constituency told me that other staff indicate through their behaviors that his social-justice efforts are secondary to the work of the CDC. In that regard, he is an outsider within his CDC, whose orientation toward social is contrary to the norm of his organization.

Other staffers described being alone or in limited company with respect to the dominant culture in their CDCs. One important finding from the interviews is that when staffers do not have the support of co-workers or leadership, and when their attempts challenge the dominate mode of doing things, they put themselves at risk.

I asked one community engagement professional why people don't take risks as much as he said he would like to see, and he discussed a concern about repercussions:

> There's s a lot of backlash. I think people and their spirit get broken down in systems. I think we don't give enough credit to how—especially folks who are low-income, minority, who are trying to be on the upswing and think outside the box- how much stress they're put through in order to have a voice, a serious voice in specific spaces. People get ostracized, for telling the truth. People don't get access for telling the truth… People get broken down after a while.

A real estate project manager, who advocating for hiring changes and negotiated the two youth jobs, said that she felt she put her own livelihood at risk by doing to. For a period of time, this staffer took a "full-steam ahead" approach to improving hiring practices within her CDC, oftentimes questioning management about their hiring process. She would ask how hiring decisions were made and what outreach methods were used, and which communities were targeted for outreach. When her supervisor explained that the CDC uses a contractor to conduct job searches, she asked what priorities and guidelines those contractors were given, what messages they received from the CDC vis a vis the desirability of a candidate. In her words:

> I think I was Assata Shakur [a former member of the Black Liberation Army] for like, fall of 2016 to December 2017, [when] I turned the volume down to 2, compared to 35 on a scale of 50. I had to catch myself. I wasn't doing it to get ready for the revolution, but I was being boisterous, challenging typical ways of thought because it didn't sit well with me.

She explained that she "turned down the volume" of her questioning even though she had support by partners in her field and by others in her community. She reported that supporters told her: "That's not right, just because people don't feel comfortable listening to you doesn't mean you need to conform to make them comfortable." Nonetheless, she told me: "They're on the outside, not the ones running the organization or giving me my yearly review or not the head of funding agencies or other high-powered individuals" and therefore, not the people whose buy-in and support she needs to be effective.

Consequently, she conveyed, “In an effort to continue paying childcare, to keep the leaks out, I attempt to balance, and not be so radical.”

I asked her if she meant that she was afraid of being fired, and she confirmed this was so. For this CDC professional, keeping her job meant moderating her approach to advancing racial justice. For her, this compromise “[is] hard because I live here, I work here, I play here [in this neighborhood]. I can take one hat off and put one hat on but that thing that’s internal to me, that doesn’t ever go off.”

The interviews demonstrate that individuals working to advance racial justice inside their CDCs undergo personal risk by engaging with that effort, be it emotional or economic or both. There is a lot at stake even for individuals who are part of a group effort to make change.

To better advance racial justice, respondents demonstrated through their anecdotes and descriptions that conditions need to change dramatically both inside of CDCs with regard to staffing practices and outside of CDCs with regard to the funding landscape. While major shifts need to happen, this collection of interviews indicate that there are minimal organizational resources supporting change. Still, hope springs eternal. The next chapter presents findings on the hope interviewees expressed about the potential of CDCs to meaningfully advance racial justice.

Chapter 6: Hope and Opportunity

In this chapter I provide the brief findings to my question about opportunities to advance racial justice through CDCs. Despite the overall findings that interviewees are working in conditions that are in significant ways hostile to a racial-justice agenda, most expressed optimism and described the unique potential of CDCs to meaningfully move this agenda. They told me: CDCs have power, credibility and track records with the powers that be, and have the potential to leverage this power to great advantage. Still, interviewees did not make explicit connections between the opportunities they described and advancing racial justice. Rather, they offered the following opinions in the context of this project, thereby only implying the connection to racial justice.

Working within the system: Many respondents expressed that CDC cooperation with public agencies and private investors can preclude alternative and potentially better interventions to advance racial justice, nonetheless, some of these same critics see possibility in the existing structure**.** While these tensions and limitations are real, one respondent challenges the idea that they are immovable. She described the confines and expressed hope in collaboration and in imagination:

> I'm tethered to bank investors… none of us are playing with our own money. We're playing with capital and investors and with city and state money. How does that impact the ways we think we can and cannot move in certain ways? How to use that to inform some really interesting policy? Then figure out what role each of us [CDCs, advocacy groups, the City] are going to play knowing what each of our limitations are and knowing how far each of us are willing to go.

One community organizer who used to work for the City of Boston expressed his desire to leverage his personal connections there and connections with the major educational institution in his neighborhood that are among the main drivers of change in the neighborhood. He spoke of the need to be collaborative and not assume an adversarial role and also mentioned the possibility that an adversary- like a university that gentrifies by building student housing- can also be a source of solutions. He told me:

> How can we work within these power structures to leverage additional resources, as well as skillsets? There are students; there's faculty and other people within these institutions, and these city departments that have a great deal of knowledge that can help move somethings forward in another way. We all have to work in the power structures that are available- how can we really work collaboratively instead of adversely all the time? I don't think it necessarily has to be that way.

Three interviewees told me that is very important to have a public champion who is in a position of power- be it a Mayor, City Councilor, or State Representative. These respondents value lobbying power. A real estate project manager told me:

> We want to provide quality housing for [our] families [who happen to be majority Latino now] whatever it takes to accomplish our mission we're going to do it, unless it's unethical… We build coalitions and partnerships with the decision-makers and the stakeholders that we need at the time. I feel like I constantly remind myself of that- that you need everybody.

An engagement staffer said that, in his context, the "shared political leanings" of City, CDC and other CBO leadership, combined with a "robust" social service sector eases the work of his CDC.

Harnessing the power of ownership: One organizer said that CDCs needs to create a more holistic vision and be proactive, not reactive. He and another respondent explained that CDCs can flex their institutional power and find ways to transfer that power to residents and other stakeholders.

Concretely, CDCs have tremendous power in their assets. CDCs are land-owners and building-owners. Real estate is a currency that gives its holders major power, and CDC staff and leadership must remember that, an interviewee told me. In addition to material wealth, (while some opined that CDCs are out of touch with their communities) two interviewees said that CDCs have comprehensive knowledge of their neighborhood.

Working with other organizers: While the relationship between CDCs and other CBOs and advocacy groups was not discussed at length, three respondents noted the importance of coalition work across CDCs and across types of organizations to further the affordable housing agenda. The same respondent who described being "tethered to bank investors" is also grappling with the relationship between and respective roles of advocacy groups and CDCs, two groups that can be in tension despite sharing some important goals. She is grappling with the limited gains she's seen for housing justice groups in Massachusetts. Referring to advocacy groups like Right to the City and Dorchester Not for Sale, she said:

> I think folks are recognizing that we're all going to lose unless we figure out how to do something differently. No real housing policy passed the state legislature last year—none. I think we could begin to be like, 'oh, that's because that policy sucked, because that person did this', or 'the

> CDC didn't support this' or 'Right to the City was too'… you know, we could have all those blame conversations or figure out can we come together and agree to disagree or can we come together and really kind of push one or two things together.

She said that more communication- or communication of a different kind- could allow for symbiosis. A respondent explained that advocacy groups can learn from CDCs, and CDCs can learn from advocacy groups. She told me:

> I think advocacy would be really well served to also understand how this really works. It's not to say don't push for rent control or don't push for these other things but I think the relationship between creation and preservation would really benefit from understanding how affordable housing really happens.

In turn, CDCs need to understand that:

> It's the advocates who are demanding an increase in IDP, it's the advocacy that got us community preservation, advocacy around planning studies that require developer to get community benefits, or [determine that] this parcel is public land for public use.

Another respondent, a real estate project manager, admired the justice work of advocacy groups and summed up a categorical difference between CDCs and advocacy groups:

> [take] City Life/Vida Urbana, I would think of them as an organization, a non-profit where folks are engaged in addressing issues around housing and quality of life issues, but they don't necessarily own assets, so there's a different kind of thing going on there. They're speaking truth to power, why, because they don't necessarily have a development deal that they're waiting to get funded. They're trying to say 'what we see is f'ed up' and they're trying to get that changed.

For these respondents and the two others that discussed coalition work focused on the housing crisis they believe is underway, there is untapped potential in the CDC-advocacy relationship.

Innovating and adapting the CDC model: Two interviewees said it is time for CDCs to question and shift model in order to work better in current conditions. One real estate project manager said that CDC's lines of business must change as available land within their geographic service areas becomes scarcer. He suggested that either the geographic scope of the services and major activities of his CDC would have to change. Hinting at how this might relate to racial justice, he and an expert (who expressed little hope of change through CDCs) said that a model shift could come as a result of the example of advocacy and other types of organizations that are the "pushing" and innovating.

In response to how CDCs could advance racial justice, one community development expert suggested that CDCs learn from the community health sector and consider how the framework of social determinants of health, which focus on the racialized impact of systems, can be applied to their work. He emphasized the need for CDCs to collaborate with other sectors that occupy roles in the same neighborhood including schools, faith-based organizations, new social groups (immigrants) and small businesses.

Two community development professionals explained that, while it can be hard to pinpoint, there is interest in and momentum building for advancing racial justice in the community development field and in CDCs. This thesis turns now to a discussion of these findings on attempts to advance racial justice at and through CDCs

Chapter 7: Discussion

In this chapter I discuss the findings from the previous three chapters. Findings suggest that CDCs are in the "issue-naming" phase of addressing systemic racism, and reveal the prevalence of an "institutional thought structure" that does not recognize or is still working to recognize the realities and brutality of racism (Reed 2009). The explicit attention that this thesis gives to the connection between racial justice and CDCs is a contribution to the literature, as this subject is yet to be the focus of considerable scholarship in the field.

Racial justice mission: In response to my main research question of what they do to advance racial justice, interviewees explained that the community organizing and affordable housing development that they do is inherently about advancing racial justice. Community organizing work is seen, by all interviewees regardless of their role, to be central to the purpose of CDCs and to their advancement of racial justice. This finding is consistent with the view that CDCs and the community development field more generally was developed within a racial-justice framework (J. Jennings, personal communication, 2018). Still, findings suggest that building housing is not changing the conditions that allow for racialized disinvestment and reinvestment processes.

Going beyond the literature, findings show that interviewees are engaged in other ways of advancing racial justice, including advocating for improved hiring and advancement practices as well as increasing contracting of MWBEs. The topic of white-dominated leadership and management roles is the subject of recent reporting on nonprofits in general (Building Movement Project, 2018) but has received only limited attention in the community

development literature (Axel Lute, 2017). Interviewees emphasize this centrality of this issue to achieving racial justice at and through CDCs, as well as the necessity of contracting.

Missing from the literature I reviewed is the self-examination and knowledge-building work done to advance racial justice that is exhibited in the example of the Racial Justice Committee. One of the chief contributions of this thesis is that it provides depth and nuance to the idea of developing personal and organizational awareness.

Structural conditions: The main contribution of this thesis is the finding that advancing racial justice through CDCs is very challenging because external and organizational conditions are often characterized by white supremacy ideologies and practices. My primary research question, intended to uplift examples of racial justice work, yielded findings on the challenges associated with that work, or simply opinions about what work needs to be done. Interviewees had more so say about the difficult conditions they work in than examples of work to transform those conditions. Interviewees face serious constraints while working within the context of the systems that produce the inequities they are striving to address.

In discussing the organizing and anti-gentrification work that they do, interviewees were clear that the interests of their communities would not be met unless they were actively fighting for those interests in decision-making spaces such as City Hall. In so saying, they indicated that the political and cultural environment they must navigate is ill-disposed to a CDC's overall mission: the comprehensive thriving of the communities of color that CDCs serve. This finding reinforces two important ideas: the dominance of Neo-liberal capitalist prioritization of land's exchange value over its use value (Logan and Molotch, 1994; Kirkpatrick, 2007), and that the racialized impacts of policies are overlooked in the dominant culture,

leaving low- and middle-income people of color to have to fight for consideration and fair outcomes (Brand 2015). Findings suggest that, by not contesting policies and funding schemes that maintain the inequitable distribution of wealth and power, CDCs may be unintentionally and unwittingly working against the interest of their communities. By not contesting power, CDCs, like any entity, uphold the *status quo*.

Despite or because of the above conditions, interviewees reported that CDCs do not prioritize, and at times withhold support from the organizing work that is understood to be at the heart of organizational purpose (Stoecker, 1997; Yin, 1998). Several interviewees perceived organizations to be averse to contesting power through organizing for fear of losing funding, strengthening the concept of the NPIC (INCITE!, 2004).

Throughout the interviews, the concern that CDCs do not prioritize community was understood to be a barrier to advancing racial justice. For interviewees, community engagement, organizing and control is work that shifts power away from established power structures and towards local communities of color, but they indicated that their CDCs might not share this power-shifting goal.

Hiring and advancement: A major contribution of this thesis are the findings that underscore the serious problem of underrepresentation of people of color at CDCs, a topic of recent observations. One study indicates that people of color in white-led organizations in Massachusetts felt racially isolated and needed validation from others in the field that shared their experience (Building Movement Project, 2018). Quoting the Director of the Mel King Institute, Axel Lute reports that professionals of color suffer from isolation and "imposter syndrome" and need support of mentors and affinity groups (2017). The thesis findings add to

previous literature by demonstrating that underrepresentation exacts a heavy toll on CDC professionals. Some CDC staffers of color find themselves working double time- doing their housing work, for example, while advocating subtly or overtly to not be seen as exceptions.

This project critically emphasizes, furthermore, that increasing the numbers of black people and other people of color at CDCs is not adequate to advance racial justice. Rather, interviewees find that organizations need to undergo cultural shifts in order to better meet their missions.

Adding to the conversation on professionalization of CDCs (Vidal, 1997; Thibault, 2007; Squazzoni, 2008) findings show that professionalization precludes opportunity for CDCs to meet their double-bottom line; and some linked the valuing of so-called expert knowledge to a legacy of racist attitudes and practices that indicated that low-income communities of color do not know what is best for themselves. This offense can be linked to Brand's article, which emphasizes recognition of harm as a necessary aspect of equity for low-income people of color that live in a context of ongoing spatial oppression (2015).

Furthermore, interviewees in some sense share Song's formulation (referencing Du Bois) that the experience that comes from "racial otherness" imbues black people and other people of color with invaluable perspective and potentially, an ability to bring more appropriate solutions to systemic problems (2015). Interviewees are clear that the perspectives gained as a result of racial oppression are needed at CDCs and that their marginalization is an injustice.

White culture: Interviewees revealed that organizations can be imbued with white culture, and CDCs can themselves be sites of reproduction of the racialized power imbalance that characterizes American society large.

Organizational culture is not discussed in the literature I reviewed but was a major topic among interviewees. Their message was clear; a major issue is that organizational culture is typically white in nature. By this they mean that leadership is often white; hiring practices promote standards among staff and contractors that align with whiteness; explicitly addressing racism is atypical; and the organizational understanding of the problem of racism is, in most cases but not all, misaligned with the understanding held by the interviewees that work to advance racial justice. These findings align with Brand's position that different experiences of racial injustice result in different *understandings* of injustice, and as a result, different understandings of *what equity is* (2015). Consistent with Brand's analysis, I interpret that in the case of some interviewees, their own ideas about racism and racial justice is in contradiction to the dominant culture of their CDC.

This thesis contributes proof that mission-driven organizations are not immune to perpetuation of white value systems and the practices they promote. Findings demonstrate that a major barrier to advancing racial justice at CDCs is that racial injustice is known to and identified by many respondents but is *not heard or understood* by the gatekeepers or the dominant makers of culture at a CDC.

Brower commented in 1971 that the goal of empowering black people was "controversial…implicit, less openly expressed and perhaps, at times unrecognized." It seems that the problems of recognition and of explicitness have long been relevant to CDCs, and by continuing to be inexplicit, CDCs fails to acknowledge a power structure that is fundamental to their purpose.

Furthermore, interviews revealed that the onus for naming and attempting to shift racist dynamics fell on individual actors, rather than on the organization though unified commitment and practice. Some interviewees of color indicated that they at times experience great difficulty and perceive significant personal risk in contesting racist values and policies.

Opportunities: Lastly, while interviewees described the above conditions as predominant, many were optimistic about the potential of CDCs to meaningfully advance racial justice. However, the research question on the opportunities to advance racial justice through CDCs yielded little discussion. This project's main contribution to the question of advancing racial justice through CDCs is the learnings about the barriers to doing so.

Conclusion: While constrained by a small sampling, the findings suggest that many CDCs may not be positioning themselves against the dominant power structure that maintains conditions of racial inequity. Interviewees indicated that, while CDCs have great potential to fully serve their communities, the field as they understand it is not showing leadership in shifting power away from white dominance of wealth and politics and towards community and mutual thriving. Findings yield skepticism about the accountability of CDCs to their justice missions given the observations about CDC risk-aversion, both internally and externally. This thesis demonstrates that there is a need for a deep culture shift in the field and inside CDCs, but that CDCs are in the early days of such a transformation.

Chapter 8: Conclusion, limitations and suggestions for future research

This chapter begins with a conclusion, which is followed by limitations and suggestions for future research. I conclude the chapter with parting thoughts.

Conclusion: This thesis indicates that, in the experience of this group of interviewees, the roles of the CDC and of CDC staff in advancing racial justice remain unexamined in the case of developing affordable housing and inexplicit and de-prioritized in the case of organizing. Findings show that other important efforts are underway in several Massachusetts CDCs to promote a racial-justice agenda, and that these efforts may be characterized variously as nascent, not adequately supported, not properly understood, inexplicit or unnamed, unsponsored and even unwelcome. These efforts are at times bold, risky, and even costly to practitioners. In all cases, these efforts are necessary and worthy of recognition and of investment.

To advance racial justice, interviewees are advocating for and awarding MWBE contracts. They are advocating for hiring processes that give access to wealth-building jobs for people typically excluded from professional positions. They understand, and are working for others to understand, that these same candidates—that don't meet "traditional" hiring criteria-- would bring a wealth of experience and invaluable perspective to the organization so that the organization could reach improved outcomes. Interviewees are organizing their communities to be strong against displacement-fueled gentrification, an issue that disproportionately impacts low-income people and people of color. They are developing leadership among residents so that residents can powerfully advocate for their communities to advance just development processes and outcomes. Staff people are engaging in conversations among staff and leadership

to shed light on the reality of systemic racism and how it plays out in the workplace and in the community. They are taking leadership by engaging in difficult and at times harmful conversations in order to work for justice. Interviewees are using their personal identities, their training and their unique perspectives and personalities to play the role that makes sense to them to advance racial justice. They are working to fulfill their job responsibilities and meet the missions of their organizations, which rarely have an explicit racial-justice agenda[1].

Interviewees described unfavorable organizational conditions. They work inside politically and financially constrained institutions that are subject to capitalistic methods and values. Unwittingly, their organizations may be more committed to their own perpetuation than to any social change agenda, tacitly upholding the racialized *status quo.*

Much of the work of advancing racial justice including self-examination, questioning the assumptions and values that drive decisions, shedding harmful values, the processes of healing, the acknowledging and transforming of race-based harm, the re-orientation to other modes and ideologies that allow for alternatives, and for some, the loss of personal power- do not fit within the framework of the so-called Nonprofit Industrial Complex. They are anathema to the institutional thought structure of white supremacy. But these processes are possible and necessary.

Furthermore, certain methodological CDC practices can change today. For example: CDCs can hire, support and promote people of color now; CDCs can award development contracts to MWBE contractors and materials suppliers now; they can send leadership and

[1] None of the 11 interviewees work for an organization that mentions racial justice in its mission statement or webpages.

white staff to equity trainings that have been populated by staff of color now; and they can lobby for policy change that is based on community need, not on an external idea of feasibility. CDCs have tremendous power to engage in processes of contesting the *status quo* through internal and external practices.

The larger cultural context, under white supremacy, of post-racial colorblindness allows for the perpetuation of inequitable racialized outcomes in CDC communities. By arguing that racism is a problem of the past, dominant culture denies its existence. Acknowledging and illuminating race and racism is required to resist the cultural erasure that happens under the "universalizing" brush stroke of Neoliberalism (Davila, 2004; Omi and Winant, 2004; Brand, 2015). CDCs have the power of the institution behind them to exhibit leadership in this area, a principle purpose of the CDC movement.

CDCs are non-profit organizations committed to the well-being of communities that have been subjected over generations to the systemic injustices of white supremacy/racism. CDCs are not at fault for the conditions they operate in, indeed, CDCs were created as a response to these conditions. They may not ever be the principal agents of societal transformation, but neither should they be free of the responsibility to contest the power system that protects and reproduces inequity inside their walls and in the communities they serve.

Limitations and suggestions for future research: A comprehensive investigation of CDC's pursuit of racial justice is, of course, beyond the scope of a single thesis. This section points to several limitations of this study and raises suggestions for future research.

Engaging more stakeholders: This project allowed for a range of respondents but did not include the perspectives of many Massachusetts professionals taking leadership on advancing racial justice as CDC professionals. Other studies should target practitioners at the CDCs that are most known for their commitment to address racism and work for racial justice. The findings in this project represent only the interviewees themselves because a group of 11 is not a large enough sample to be representative.

To generate a fuller picture of the ways in which practitioners are working to advance racial justice in and through Massachusetts CDCs, further research should expand the pool to learn from a larger number of practitioners across the state and across job descriptions. Furthermore, a comparative study of how CDC leadership (Executive Directors and CEOs) conceive of and work for racial justice and how staffers do the same might shed more light on the questions of gatekeeping, risk-aversion and resistance to change. A study that includes Board members and community residents would also yield useful perspectives not found here. Lastly, a comparative study of CDC staff and leadership in different geographic regions of the country might be illuminating. I am interested in one interviewee's comments on leadership differences between Boston and cities such as Atlanta and Houston. How would the findings differ in places that have more black leadership?

This project focused on individuals at CDCs. I suggest that future research consider the tensions and the possibilities found in coalitions of CDCs and other community-based partners that aim to advance community empowerment and community stabilization policies. Furthermore, this research should ask explicitly how coalitions can and do use a racial-justice framework to unite their institutions and approaches.

Data collection strategies: One limitation of this project, which is true of all research projects but perhaps especially true of a qualitative interview project focused on racial justice, was my ability as a researcher to inspire trust and openness with interviewees, and with interviewee's own ability and desire to be open with and trusting of me as a stranger-student. Each interview had its own content focus and own depth, nuance and energy, and I sensed a range of authenticity and openness from interview subjects. Some interviews were characterized by openness while others seemed more guarded or superficial. In some participants I noted an increased sense of ease as our interview progressed. Multiple interviews or the use of multiple tools of data collection- i.e. interview and surveys- might garner deeper engagement between interviewer and interviewee.

The power of words: Another methodological recommendation for future research is that investigators inquire about terminology and theories of change. It would be useful to know how respondents define racial justice, their theories for how to enact and arrive at equity, and their opinions on the importance of terminology and being explicit about their agenda. In conditions of Neoliberal universalism (Davila 2004) and issue-naming (Reed 2009), as a matter of strategy, it is worth learning more about the utility of naming racial justice efforts as racial justice efforts. This thesis brought up the important question of naming and identification. Does it matter how we categorize the work that we do? Describing an activity (i.e. 'anti-racist') doesn't make the description true, but might it make sincere efforts more effective? It would be instructive to study a number of explicit initiatives to advance racial justice and compare them to non-explicit initiatives that engage in similar activities- how would the outcomes differ?

Specifically, should the organizers that are enacting processes in order to achieve more racially just outcomes, but who are not declaring their work to be in the name of racial justice, be doing so? Is it strategic not to? How important is the visibility of attempts to advance racial justice?

Risk and sacrifice: While such an investigation may fall to another field or discipline, it is worth inquiring further as to the risks associated with advancing racial justice as an individual within a CDC. How CDC practitioners perceive and experience risk at work, especially based on their racial identities, would be fruitful ground for understanding organizational culture and the sacrifices and burdens experienced by change-makers. Relatedly, researchers could use organizational development literature to connect individual leadership to organizational change at CDCs. Useful questions include: How can the organizational benefits of passionate CDC staff with an awareness of the problem of racial injustice be measured? How can their knowledge and skills be rewarded, shared and replicated for culture change?

Further study is needed to understand what risks CDC leadership perceive and experience with respect to taking a public anti-racist position. Questions should consider the implications for the gain or loss of public and private funding as a result of such actions.

Affordable housing development as a purpose and a constraint: It was beyond the scope of this project to compare organizers to real estate professionals, but because this tension did arise in both the literature and the interviews, if would be worth investigating 'silo-ing', inter-departmental tensions and CDC prioritization more fully as it relates to racial justice.

As the value of land rises and the amount of developable land decreases (von Hoffman, 2012) in local contexts, one interviewee noted that the work of "stabilizing the neighborhood"

through affordable housing development becomes complicated and unsustainable. Rather than focus on the housing provision of CDCs, further research should focus on developing metrics to describe and measure how CDCs are advancing racial justice.

Community organizing and community engagement: The distinction between organizing and community engagement and how this relates to advancing racial justice at and through CDCs is an important area of study. Further research should interrogate how organizing and engagement roles and goals differ, and what implications this has for racial justice. In the interviews, engagement professionals at times demonstrated a power-building ethos, focused on building leadership and voice as a tool of transformation, but at other times I interpreted these same respondents to place greater emphasis on breaking down barriers to access to materials or resources (i.e. improving resident services) as a way to advance racial justice. As I organized the research findings, it was difficult to characterize the engagement and organizing activities discussed. Were respondents working for inclusion in capitalist success (Davies 2017), the establishment of an altogether different paradigm, or for one as a means to the other?

Parting thoughts: My hope is that readers from across fields and professional rank find value in different aspects of this thesis. While quantitative measurements, scholarly articles and other rational formulations of "proof" typically supersede the value of anecdote and experience in academic and professional settings, the experiences and the knowledge of people living their lives and doing their jobs must be understood as real and as priceless. This project began as an attempt to learn more about how people work from the inside out, and to start to gather examples of innovative and affirmative work. It has been that, and it has also been another lesson in the insidiousness of racism and the reality that the realities of those in power are

upheld over other pressing and potentially transformative realities. I thank the interviewees for the endless work that they do to advance their agendas in the professional aspects of their lives, and for giving their energy to this project, yet another risk.

Bibliography

Alexander, M. (2020). *The new Jim Crow: Mass incarceration in the age of colorblindness.* The New Press.

Alkadry, M. G., Blessett, B., & Patterson, V. L. (2017). Public Administration, Diversity, and the Ethic of Getting Things Done. *Administration & Society*, *49*(8), 1191–1218. https://doi.org/10.1177/0095399715581032

Baldwin, J. (2011). *The cross of redemption: Uncollected writings*. Vintage.

Brand, A. L. (2015). The Politics of Defining and Building Equity in the Twenty-First Century. *Journal of Planning Education and Research*, *35*(3), 249–264. https://doi.org/10.1177/0739456X15585001

Bhattacharyya, J. (2004). Theorizing Community Development. *Community Development Society. Journal*, *34*(2), 5–34. https://doi.org/10.1080/15575330409490110

Bratt, R. G. (1997). Cdcs: Contributions Outweigh Contradictions, a Reply to Randy Stoecker. *Journal of Urban Affairs*, *19*(1), 23–28. https://doi.org/10.1111/j.1467-9906.1997.tb00393.x

Bratt, R. G., & Rohe, W. M. (2007). Challenges and dilemmas facing community development corporations in the United States. *Community Development Journal*, *42*(1), 63-78.

Brower, M. (1971). The Emergence of Community Development Corporations in Urban Neighborhoods. *American Journal of Orthopsychiatry*, *41*(4), 646–658. https://doi.org/10.1111/j.1939-0025.1971.tb03225.x

Building Movement Project. (2018). The Nonprofit Racial Leadership Gap in Massachusetts: A Race to Lead Brief. Retrieved from https://racetolead.org/massachusetts/

Center for Community Progress. (2019) Keynotes. Retrieved from https://www.reclaimingvacantproperties.org/plenaries/

Crass, C. (2013). *Towards collective liberation: Anti-racist organizing, feminist praxis, and movement building strategy*. Pm Press.

Democracy Collaborative. (n.d.). Overview: Community Development Corporations (CDCs). Retrieved from https://community-wealth.org/strategies/panel/cdcs/index.html

Davies, T. A. (2017). *Mainstreaming black power*. Univ of California Press.

Davis, A. et al (2018). *Policing the Black Man: Arrest, Prosecution and Imprisonment*. Penguin Random House.

Dávila, A. (2004). Empowered culture? New York City's empowerment zone and the selling of El Barrio. *The ANNALS of the American Academy of Political and Social Science*, *594*(1), 49-64.

Emejulu, A. (2015) Community Development as Micropolitics: Comparing Theories, Policies and Politics in America and Britain, Policy Press, Bristol.

Emejulu, A., & Scanlon, E. (2016). Community development and the politics for social welfare: rethinking redistribution and recognition struggles in the United States.

Community Development Journal, *51*(1), 42–59. https://doi.org/10.1093/cdj/bsv055

Fainstein, N. & Fainstein, S. (2013). Restoring Just Outcomes to Planning Concerns. In *Policy, Planning, and People: Promoting Justice in Urban Development*. University of Pennsylvania Press. Retrieved from http://www.jstor.org/stable/j.ctt3fj517.5

Frisch, M., & Servon, L. J. (2006). CDCs and the changing context for urban community development: A review of the field and the environment. *Community Development*, *37*(4), 88-108.

Goetz, E. G. (1993). *Shelter burden: Local politics and progressive housing policy*. Temple University Press.

Government Alliance on Race Equity. (2020). Homepage. Retrieved from https://www.racialequityalliance.org

Government Alliance on Race Equity. (2016). Racial Equity Toolkit: An Opportunity to Operationalize Equity. Retrieved from https://racialequityalliance.org/wp-content/uploads/2015/10/GARE-Racial_Equity_Toolkit.pdf

Goodman, L. A. (1961). Snowball sampling. *The annals of mathematical statistics*, 148-170.

Halpern, R. (1995). *Rebuilding the inner city: A history of neighborhood initiatives to address poverty in the United States*. Columbia University Press.

Heil, M. (2018). Community development corporations in the right-sizing city: Remaking the CDC model of urban redevelopment. *Journal of Urban Affairs*, *40*(8), 1132-1145.

Hutson, M. A. (2013). Power, politics, and community development. *Community Development*, *44*(1), 111-126.

INCITE! (2004). Beyond the Non-Profit Industrial Complex. Retrieved from https://incite-national.org/beyond-the-non-profit-industrial-complex/.

Jennings, J. (2004). Urban Planning, Community Participation, and the Roxbury Master Plan in Boston. *The ANNALS of the American Academy of Political and Social Science*, *594*(1), 12–33. https://doi.org/10.1177/0002716204264947

Jennings, J. (2007). Social capital, race, and the future of inner-city neighborhoods. In *Race, neighborhoods, and the misuse of social capital* (pp. 87-108). Palgrave Macmillan, New York.

Kennedy, M. (2009). Transformative planning for community development.

Kirkpatrick, L. O. (2007). The two "logics" of community development: Neighborhoods, markets, and Community Development Corporations. *Politics & Society*, *35*(2), 329-359.

Krumholz, N. (2013). Toward an Equity-Oriented Planning Practice in the United States. In *Policy, Planning, and People: Promoting Justice in Urban Development*. University of Pennsylvania Press. Retrieved from http://www.jstor.org/stable/j.ctt3fj517.9

Leeming, D. (2001). The White Problem. *James Baldwin's Grand Tour." Special issue, PEN America: A Journal for Writers and Readers*, *1*, 17-54.

Leroux, K. (2012). Who benefits from nonprofit economic development? Examining the revenue distribution of tax-exempt development organizations among US cities. *Journal of Urban Affairs*, *34*(1), 65-80.

Lloyd, J. M. (2016). Fighting redlining and gentrification in Washington, DC: The Adams-Morgan organization and tenant right to purchase. *Journal of Urban History*, *42*(6), 1091-1109.

Logan, J. R., & Molotch, H. (1987). Urban For-tunes.

Massachusetts Association of Community Development Corporations. (2020). Mission, vision, values. Retrieved from https://www.macdc.org/mission-vision-values.

Massachusetts Association of Community Development Corporations. (2019) GOALs Report. Retrieved from https://www.macdc.org/sites/default/files/documents/2019%20GOALs%20Report_0.pdf

Massey, D. S., & Denton, N. A. (1993). *American apartheid: Segregation and the making of the underclass*. Harvard University Press.

McCambridge, R. (2019). Which Cities Have the Most Nonprofits, and Why? Retrieved from https://nonprofitquarterly.org/which-cities-have-the-most-nonprofits-and-why/

Moore, K. S. (2005). What's Class Got to Do with It? Community Development and Racial Identity. *Journal of Urban Affairs*, *27*(4), 437–451. https://doi.org/10.1111/j.0735-2166.2005.00245.x

Munoz et al. (2015). The Color of Wealth in Boston. Retrieved from https://www.bostonfed.org/publications/one-time-pubs/color-of-wealth.aspx

NeighborWorks America. (2020). REDI Leadership Program. Retrieved from https://www.neighborworks.org/Training-Services/Nonprofit-Leadership/REDI-Leadership-Program

Olsen, J. (2012). Movement, Cadre and Dual Power. Retrieved from https://libcom.org/library/movement-cadre-dual-power-joel-olson

Omi, M., & Winant, H. (1994). Racial Formation in the US: From the 1960s to the 1990s. *NewYork, NY: Routledge*.

Peck, J. (2006). Liberating the city: Between New York and New Orleans. *Urban Geography*, *27*(8), 681-713.

PolicyLink. (2020). The Equity Manifesto. Retrieved from https://www.policylink.org/about-us/equity-manifesto

Powell, J. A. (n.d.). Structural Racism: Building upon the Insights of John Calmore. *NORTH CAROLINA LAW REVIEW*, *86*, 27.

Reed, W. in Williams, Z. (Ed.). (2009). Africana Cultures and Policy Studies: Scholarship and the Transformation of Public Policy. Springer.

Rodriguez, D. (2007). The political logic of the non-profit industrial complex. *Incite*, 21-40.

Rothstein, R. (2017). *The Color of Law: The Forgotten History of How Our Government Segregated America.* Liveright.

Shamsuddin, S., & Cross, H. (2019). Balancing act: the effects of race and poverty on LIHTC development in Boston. *Housing Studies*, 1-16.

Shaw, T. C., & Spence, L. K. (2004). Race and representation in Detroit's community development coalitions. *The ANNALS of the American Academy of Political and Social Science*, *594*(1), 189-192.

Silverman, R. M. (2001). Neighborhood characteristics, community development corporations and the community development industry system: a case study of the American Deep South. Community Development Journal, 36(3), 234-245.

Song, L. K. (2015). Race, transformative planning, and the just city. *Planning Theory*, *14*(2), 152-173.

Stoecker, R. (1997). The Cdc Model of Urban Redevelopment: A Critique and an Alternative. *Journal of Urban Affairs*, *19*(1), 1–22. https://doi.org/10.1111/j.1467-9906.1997.tb00392.x

Stoutland, S. E. (1999). Levels of the community development system: a framework for research and practice. *Urban Anthropology and Studies of Cultural Systems and World Economic Development*, 165-191.

Sturdivant, F. D. (1971). Community Development Corporations: The Problem of Mixed Objectives. *Law and Contemporary Problems*, *36*(1), 35. https://doi.org/10.2307/1190878

Squazzoni, F. (2009). Local economic development initiatives from the bottom-up: the role of community development corporations. *Community Development Journal*, *44*(4), 500-514.

Thibault, R. E. (2007). Between survival and revolution: another community development system is possible. *Antipode*, *39*(5), 874-895.

van den Berk-Clark, C., & Pyles, L. (2012). Deconstructing Neoliberal Community Development Approaches and a Case for the Solidarity Economy. *Journal of Progressive Human Services*, *23*(1), 1–17. https://doi.org/10.1080/10428232.2011.606736

Vidal, A.C. (1992). Rebuilding communities: A national study of urban community development corporations. Community Development Research Center, Graduate School of Management and Urban Policy, New School for Social Research.

Vidal, A. C. (1997). Can Community Development Re-Invent Itself?: The Challenges of Strengthening Neighborhoods in the 21st Century. *Journal of the American Planning Association*, *63*(4), 429–438. https://doi.org/10.1080/01944369708975937

C. Vidal, A., & Keating, W. D. (2004). Community development: Current issues and emerging challenges. *Journal of Urban Affairs*, *26*(2), 125-137.

von Hoffman, Alexander. (2012). The Past, Present, and Future of Community Development in the United States. *Monograph.*

Weiss, R. 1994. *Learning from Strangers: The Art and Method of Qualitative Interview Studies*. New York: The Free Press.

Wing Sue, D. (2010) *Racial Microagressions in everyday life*. Retrieved from https://www.psychologytoday.com/us/blog/microaggressions-in-everyday-life/201010/racial-microaggressions-in-everyday-life

Yin, J. S. (1998). The community development industry system: A case study of politics and institutions in Cleveland, 1967–1997. *Journal of Urban Affairs*, *20*(2), 137-157.