

Implications and Application of Maslow's Hierarchy of Needs in Community Change Initiatives

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## ABSTRACT

For over a century, community change initiatives (CCIs) have been used by community development professionals to improve community well-being and reverse socio-economic distress in low-income communities. CCIs are comprehensive community development efforts that seek to address all socio-economic issues simultaneously. The study posits to successfully effect community change, the scale and scope of CCIs should be limited and must address the basic needs of the community before aspiring to higher level community needs. The study employs statistical action research methods, a survey, and interviews to obtain and analyze quantitative and qualitative data. Descriptive statistics, crosstabulations, and analysis of variance were used to examine research questions and test hypotheses. This study examines public administrators' and practitioners' CCI experiences and perceptions, assesses the need and desire for a CCI framework that targets and builds on the achievement of lower-level community needs prior to targeting higher-level needs, and proposes a CCI framework based on Abraham Maslow's hierarchy of needs as expounded in his theory of motivation. Research reveals a connection between individual need attainment and community well-being. The study discovers difficulties public administrators and practitioners experience with CCI development and implementation in communities in which residents' basic needs are not met. The study finds the pressure of coping with socio-economic challenges are perceived to overwhelm residents and leave them unable to participate meaningfully in CCIs. The study further finds that the scale and scope of CCIs are perceived to strain staff and organizational infrastructure. In addition, results show a preference for a CCI that builds on the achievement of meeting basic resident needs.

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To God for loving me, being faithful to me, standing with me, and never forsaking me. I will press to attain the heavenly goal You, through Jesus, have for me. All of my hope is in You. Psalm 22: 9-10, Ezekiel 16: 4-7, Joshua 1:5 & 9, Psalm 98:3, Philippians 3:12-14

## Chapter I

### INTRODUCTION

Low-income communities face many challenges. High crime rates, high unemployment rates, high poverty rates, dilapidated housing, and low educational attainment are hallmarks of distressed communities. Impacted the most are community residents. For over a century, policymakers and community development professionals have sought to improve community well-being in low-income and distressed communities. The term “community well-being” is used to describe conditions within a city or area that indicate the community’s social and economic health. This is similar to a general practitioner completing a physical examination to determine the health of a patient. The examination includes observation, tests, and surveys along with analysis for a complete picture of the patient’s health status. Similar procedures are used to determine a community’s health or well-being. Many factors such as employment, income, recreation, culture, education, and housing are examined and analyzed to establish well-being and understand community conditions and whether the community is experiencing social and/or economic distress.

One strategy policymakers and community development professionals employ to improve community well-being and reverse socio-economic distress is a Community Change Initiative (CCI). CCIs “. . . analyze and then holistically focus on an issue or location” (Dean-Coffey, Farkouh, & Reisch, 2012, p. 42) and center on “. . . programmatic (human development, housing and physical development, and economic

development); community building; and engaging with external institutions and systems” (Dean-Coffey, et al., 2012, p. 47). It is an elaborate, innovative, collaborative and participatory process that culminates in a Community Change Plan.

## Theory

### *Problem Statement*

CCIs and the resulting community change plans seldom focus on one issue due to the intersection of social issues. In distressed communities, CCIs frequently seek to address all community and resident needs simultaneously instead of focusing on one or two needs. Issues targeted in CCIs quickly splinter into sub-issues and the development of multiple programs to address each sub-issue. This dilutes available resources and places an increased demand on staff and stakeholders’ time. This also stretches residents in multiple directions because they are being tasked with community and self-improvements such as to participate in community planning activities, obtain a higher paying job, and locate better housing all while improving their work skills and going back to school. The pressure of participating in community planning and attaining a higher level of well-being can overwhelm residents and leave them feeling unable to meet the challenge. At the same time, community stakeholders are being asked to commit to several projects and partnerships, and local and national organizations are being asked to contribute funds to various community programs, leaving them overburdened with obligations. The study posits that the expansiveness of CCIs and plans place pressure on residents, stakeholders, and partners that reduces their participation and therefore weaken outcomes.

### *Purpose Statement*

The study posits to successfully effect community change, CCI's and change plans must address the basic needs of the community before aspiring to higher level community needs or economic development. This study examined the need and desire for a community change framework based on Abraham Maslow's hierarchy of needs as expounded in his theory of motivation, assessed public administrators' and practitioners' perceptions of its usefulness, and developed a CCI framework based on Maslow's hierarchy of needs. The framework, Hierarchy of Community Needs (HOCN) is a placed-based CCI that develops policies and programs designed to improve the community's well-being as a whole (community poverty level, crime rates, education attainment, and networks). The HOCN framework is a foundation on which communities can construct their theory of change. Although the Hierarchy of Community Needs CCI is expected to benefit low-income households, the focus is the improvement of economic, social, and built environments to revitalize distressed communities. HOCN is expected to change community conditions and improve residents' quality of life one rung of the hierarchy ladder at a time (Maslow, 1954, 2013).

### *Study Interest*

#### *Poverty*

Research has shown that poverty is associated with poor social outcomes. Poverty correlates with crime, low educational attainment, and poor health. The influence of poverty on these factors and the reciprocal influence these factors have on poverty creates a cycle of poverty. *The War on Poverty: 50 Years Later, A House Budget*

*Committee Report* provided the following example of the poverty cycle, “[w]ithout a job, it is difficult to get out of poverty. And without education, it is difficult to find a job” (House Budget Committee Majority Staff, 2014, p. 6). The poverty cycle is difficult to break and is damaging to individuals, families, and communities.

#### *Socio-Economic Impact*

Families living in communities with high poverty are more likely to contend with social inequalities such as lack of or limited access to quality education and healthcare. Inequalities within a community not only limit access to quality services but also shape and block development pathways such as job opportunities and widen wage gaps between women and men and between whites and minorities. These social inequity barriers—limited access, blocked pathways, and wage gaps—impact livelihood systems and lead to deprivation and further vulnerability (Green, 2016, p. 606).

#### *Maslow’s Hierarchy of Needs*

Maslow’s theory of motivation describes behaviors of people in their pursuit to meet their physical and social needs (Maslow, 1954, 2013). People are fixated on lower or basic needs in a “needs” hierarchy that must be achieved prior to their desire to achieve needs on the next level of the hierarchy. Consistent with Maslow’s theory of motivation, it is difficult for a person to consider and work towards a better life if he/she is focused on meeting basic needs such as quality housing, adequate food, and safety. Once these basic needs are met, then the person is free to focus on social development such as community connections and family and friend development and move forward with educational aspirations and career changes. It is proposed that community development functions in the same manner as the Maslow’s hierarchy of needs because a

community cannot improve or produce limited improvement if it lacks quality housing, lacks access to quality food, and has a high crime rate. The community's foundation is weakened, and growth is stunted if basic needs are not met.

### Project Goals and Objectives

The goal of this study is to develop a community change framework derived from Maslow's theory of motivation.

The following objectives are incorporated into this research project.

- Develop a Hierarchy of Community Needs based on Maslow's hierarchy of needs,
- Assess community development agency and community-based organization administrators' and practitioners' CCI experience and perceptions of CCIs,
- Assess the need for and public administrators' and practitioner's desire for a CCI framework that targets and builds on the achievement of lower-level community needs prior to targeting higher-level needs.

### Research Questions

The research project answers the following three (3) research questions:

1. How would existing hierarchy of needs research apply to a Hierarchy of Community Needs framework?
2. Do public administrators and practitioners prefer a CCI framework that targets and builds on the achievement of one community need at a time in comparison to existing CCI frameworks?

3. How do public administrators and practitioners perceive the impacts of CCIs that focus on more than one socio-economic issue on outcomes?

The third (3<sup>rd</sup>) research question pertains to outcomes which are impacted by resource availability and resident engagement. Answers to the following ancillary research questions generated additional information on the perceptions of public administrators and practitioners.

- 3a) How do public administrators and practitioners perceive the impacts of CCIs that focus on more than one socio-economic issue on resources (human and financial)?
- 3b) How do public administrators and practitioners perceive the impacts of CCIs that focus on more than one socio-economic issue on resident participation?

### Hypotheses

#### *Research Hypothesis 1*

Public administrators and practitioners prefer a CCI framework that targets and builds on the achievement of lower level community needs prior to targeting higher-level needs.

#### *Research Hypothesis 2*

Public administrators and practitioners believe that focusing on more than one socio-economic issue negatively impacts CCI outcomes.

#### *Research Hypothesis 3*

Public administrators and practitioners believe that focusing on more than one socio-economic issue negatively impacts resident involvement.

## Methodology Overview

Qualitative and quantitative analysis was completed to answer the research questions. Data was collected via a survey and interviews. The survey and interviews targeted public administrators and practitioners who have past and current involvement in community change or collaborative community development initiatives. Survey data was analyzed, in part, to determine a preference for a Hierarchy of Community Needs framework based on Maslow's hierarchy of needs. Interview data was examined to gain a deeper understanding of public administrators' and practitioners' perceptions of CCIs' impact on resources and outcomes.

Survey delivery was facilitated using Qualtrics, a web-based survey platform. A link to the questionnaire was emailed to participants. The survey was available online and optimized for mobile devices. The survey is confidential. To promote participation, participants had the option to respond to the survey anonymously. The survey instrument captured participant's CCI experience and perceptions. Measures include public administrators' and practitioners' experience with community development, change, and collaborative initiatives and their preference towards implementing a strategy that targets one socio-economic issue at a time. Survey items include organization location, focus, and size; partnership structure and size; and resident engagement and involvement.

Participants were selected from agencies and organizations that received U.S. Department of Housing and Urban Development (HUD) Choice Neighborhood Planning and/or Implementation (Choice Neighborhood) grants. There are 101 Choice Neighborhood grant recipients. Grant recipients (lead grantees) are non-profits, local governments, tribal entities, or Public Housing Authorities (PHAs). Participants also

include public administrators and practitioners from Choice Neighborhood partner organizations. Partner organizations include non-profits, for-profits, businesses, foundations, government agencies, community-based organizations, and other community stakeholders. There are 782 partner organizations. One hundred one (101) Choice Neighborhood grantees and approximately one-eighth of partner organizations will be sampled for this study.

#### Researcher

Latoya A. James is a Valdosta State University graduate student pursuing a doctorate in public administration. Ms. James has over 10 years' experience developing, implementing, and leading innovative neighborhood and resident focused initiatives. Her graduate studies and research interests focus on socio-economic factors in low-income communities and community change initiatives.

Between 2012 and 2013, Ms. James led a CCI designed to transform a low-income neighborhood in Miami-Dade County, Florida. The initiative culminated with the completion of a transformation plan. The plan, funded by a Choice Neighborhoods Initiative Planning Grant from HUD, assessed assets and needs of the community and addressed educational challenges, health issues, poor housing conditions, infrastructure deficiencies, and lack of access to local social services. This current research project is borne out of her experiences with the CCI.

Ms. James' experience with CCI and the CNI planning grant will not affect study results. Due to Ms. James' experience with a HUD funded CCI it might be perceived that survey questions and data analysis interpretations are influenced by this experience. To

limit bias, questions were pretested with and reviewed by a group of public administrators and practitioners to ensure question neutrality.

### Summary

Knowing a community's wellbeing or whether it is experiencing distress is important. It provides community officials, leaders, and residents a clear picture of achievements and successes as well as challenges and failures, especially when results are compared with surrounding communities and cities. Understanding overall wellbeing sheds light on community problems that have been ignored or improperly addressed.

CCIs are designed to engage residents, businesses, government officials, and other stakeholders to improve the health and well-being of the community and its residents. The study proposed that community development and change initiatives should be completed in stages and focus on one or two community issues rather than tackling a host of community development initiatives simultaneously. It is expected that this approach is less daunting to residents and partners, encourages long-term participation by residents and stakeholders, and reduces strain on financial resources. The depth and expanse of these challenges also overwhelm public administrators who must divide their attention and resources among several community problems. It is this researcher's position that without the ability to fully address community problems and without effective strategies to improve conditions and combat the causes, these conditions could persist and cause further decline.

The study proposed that CCIs first focus on basic community needs then progress to more complex community needs similar to ascending Maslow's hierarchy of needs. This has the potential to produce successful and long-term social and economic

outcomes. This study sought to advance community change practices and provide public administrators and practitioners with a new community change framework.

Chapter two reviews community change and community development literature and discusses Maslow's hierarchy of needs and its implications for social and community development and examines community change and socio-economic topics. Topics examined are community change initiatives and models; social and civic capital as support for community change; poverty and its impact; and government and community roles. Chapter three describes the quantitative and qualitative methods used to collect data and analyze study data and test research questions and hypotheses. Detailed within this chapter are survey and interview instrumentation and measures; sample and participants; and study procedures and limitations.

Chapter four presents survey and interview data and explores research questions with a test of hypotheses. Results demonstrate public administrators' and practitioners' preference for and usefulness of HOCN (a CCI that targets and builds on the achievement of one lower-level community need prior to targeting higher-level needs). Study findings are discussed and interpreted in chapter five. Chapter five also discusses implications for community development policy and recommendations for future research.

## Chapter II

### REVIEW OF LITERATURE

#### Overview

Community development strategies and community change initiatives (CCI) often target complex and complicated social and economic issues. Issues such as poverty, education, healthcare, and unemployment intertwine and perforate into the other. As community development strategies, programs, and initiatives tackle one issue, the tentacles of another issue emerge as a contributing factor which causes the focus to shift or encompass the “new” issue.

The researcher posited that absorbing pervasive and peripheral issues stretches capacity, weakens outcomes, and threatens success. It is proposed that limiting CCIs to one socio-economic issue would benefit the change process and long-term success of CCIs. This study explored the incorporation of Maslow’s hierarchy of needs in CCIs. Literature on Abraham Maslow’s theory of motivation and hierarchy of needs along with community change was reviewed as the focal point of this study.

The following review of literature included community change initiatives and community development efforts designed to improve community well-being and alleviate social and economic distress. The literature examines community development programs and strategies, outlines public administrator and change agent roles, and highlights the value of interdisciplinarity in community development and planning processes. The

literature discusses, explores, and proposes social capital (relationship building and networking) as a method of improving community change and development outcomes.

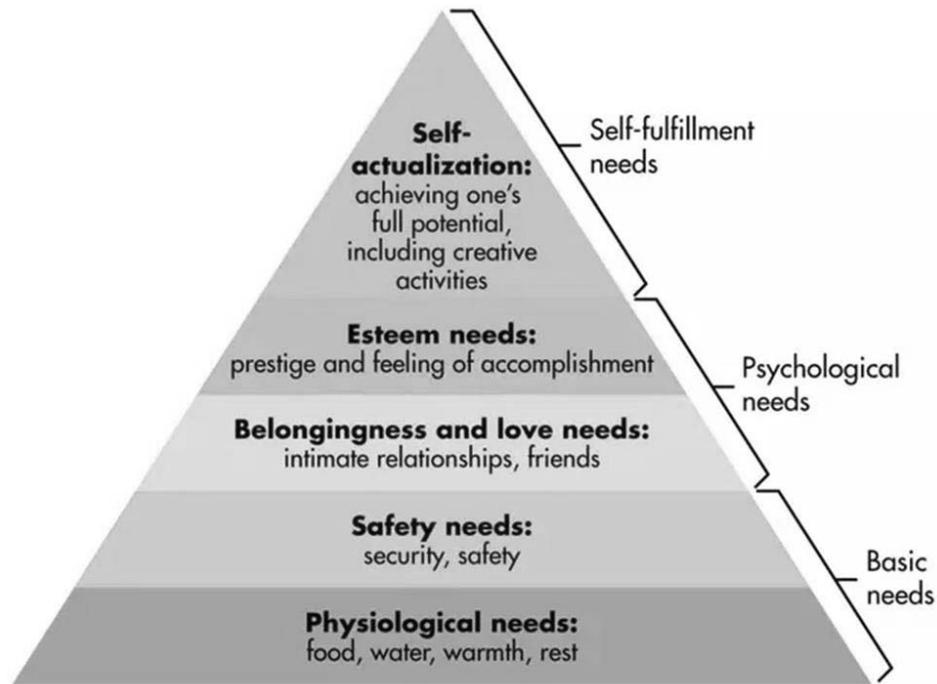
Reviewed literature addresses topics of equity, poverty, and social and economic decline as contributing factors to community distress. CCI literature focuses on change theory development, implementation, goal/objective setting, and evaluation processes. Reviewed case studies illustrate processes, outcomes, and challenges of CCIs.

Literature discusses methods for assessing individuals' developmental needs, establishing priorities within a community, and understanding the required activity level for an individual to ascend from basic needs to the pinnacle of self-actualization. The literature does not provide an outline for public administrators or change agents to build a theory of change or CCI model based on Maslow's theory. Although current literature explores Maslow's theory of motivation and its usefulness and importance in community development, it stops short of informing public administrators and change agents on a method to design or implement theory elements in community development strategies.

#### Maslow's Hierarchy of Needs

Maslow's theory of motivation describes the motivations and behaviors of people in their pursuit to meet their physical and social needs (Maslow, 1954, 2013). These needs, ranked in hierarchical order and depicted as a triangle, are necessary for human development. Maslow's hierarchy of needs describes and visualizes levels of "needs" that must be reached or gratified prior to an individual's attainment of needs on the next level. The needs, in order from basic to advanced, are as follows: physiological, safety, love/belongingness, esteem, and self-actualization. Figure 1 illustrates Maslow's hierarchy on needs.

Figure 1: *Illustration of Maslow's Hierarchy of Needs*



(McLeod, 2017)

Physiological needs are rudimentary and encompass requirements for survival such as food, water, and sex. Safety needs include shelter, secure surroundings, and no or limited threats to survival and finances. Love/belongingness needs stem from the desire to share life with an individual and be part of a community. These needs involve family bonds, friendships, social relationships, and community affiliation. The desire to feel good about oneself and one's achievements and to be recognized are rooted in esteem needs and dictates an individual's self-worth and self-esteem.

Self-actualization is realized when an individual has reached full social, academic, and life potential, capability, and capacity. Abraham Maslow (1954) phrases it as "... the desire to become more and more what one is, to become everything that one is

capable of becoming” (p. 92). The self-actualization need emerges and is achieved once lower needs are satisfied.

### *Need Gratification and Society*

There is a symbiotic relationship between society and need gratification. Deficiency and threat are factors that motivate human behavior and dictate an individual’s ascent and position on the hierarchy of needs. Hierarchical needs do not emerge as a desire or thought until the lower need deficiency is met or adequately gratified (Winston, 2016; Maslow, 2013). Threat motivates the attainment and suppression of needs because “. . . progression to higher needs necessitates freedom from preoccupation with lower needs” (Winston, Maher, & Easvaradoss, 2017, p. 296) or, simply stated, people need freedom from the belief (threatening thought) that lower needs will not continue to be fulfilled. Thus, maintaining a needs deficiency or threat of deficiency in society prevents or limits people in the lower classes from having ambitious thoughts (Maslow, 1961; Townsend, 1979).

There are similarities between Maslow’s theory of motivation and psychological, physiological, and religious theories. Each theory culminates with higher-level and altruistic motivations that serve to improve society (D’Souza & Gurin, 2016). D’Souza and Gurin (2016), in their discussion on these theories and individuals’ path to higher-level motivations, conceptualize their thoughts in a *Need-Based Activity Chart for Self-Actualization*. The chart illustrates a lifecycle in which individuals transition from basic needs, desires, or instincts to a common pinnacle of self-knowing and fulfillment (D’Souza & Gurin, 2016, p. 213).

Chart 1: *Need-Based Activity Chart*

*Need-Based Activity Chart for Self-Actualization*

Need type	Need	Time spent on activities to satisfy each need			
		Childhood	Young adulthood	Middle adulthood	Late adulthood
D-needs	Physiological	Low	High	Medium	Low
	Safety	Low	High	Medium	Low
	Love and belonging	High	High	Medium	Low
	Esteem	High	High	Medium	Low
B-needs	Cognitive	Low	Medium	Medium	High
	Aesthetic	Low	Low	Medium	High
	Self-actualization	Low	Low	Medium	High
	Self-transcendence	Low	Low	Low	High

*Note.* B-needs = being needs; D-needs = deficient needs.

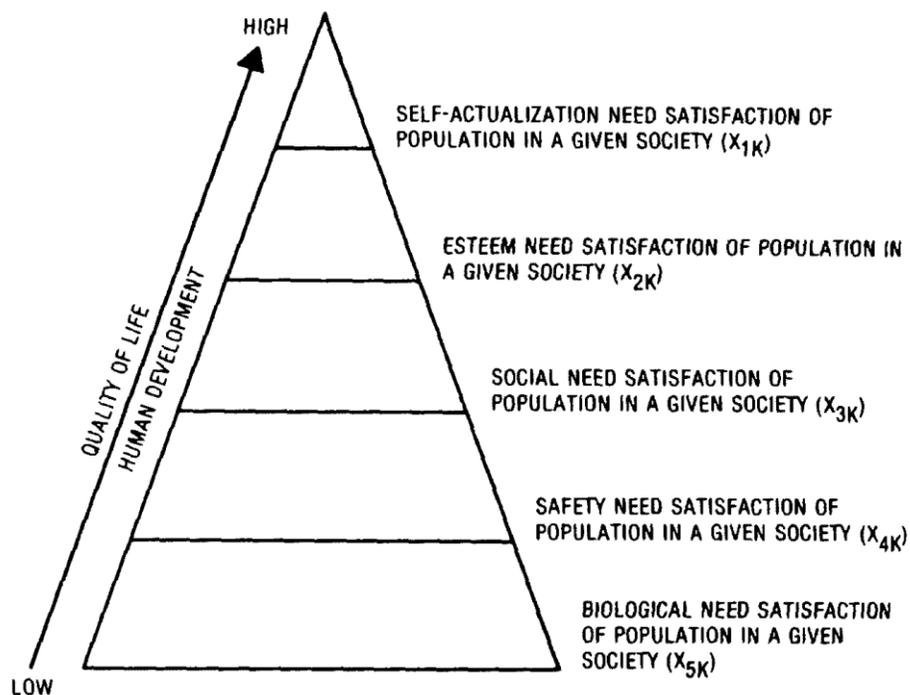
Social conditions, structures, and improvements influence—support, delay, or prevent—need gratification and individuals’ need attainment affect societal wealth, goods, and services; problem solving; stability and growth; and social networks and altruism. The environment or the community in which individuals live can provide or hinder gratification of physiological and safety needs because they “. . . are dependent on factors that ‘lie beyond individual control’” (Winston, et al., 2017, p. 298).

In Maslow’s (1954) discussion of safety needs he points to the importance of a “good society” in contributing to an individual’s gratification of this basic need and how the lack of attainment can be seen “directly and clearly in the economic and social underdogs” (p. 87). Society also has a role in attainment of esteem needs. People in society want to have self-respect, be respected by others, and respect others. The esteem desire is, in part, “. . . for achievement, for adequacy, for mastery and competency . . .” (Maslow, 1954, p. 90) and can be achieved through society’s institutions, structures, and systems.

Institutional or societal structures are necessary to the developmental needs of community members (residents). Within these societal structures are components that

must be targeted and achieved in a hierarchical order. Joseph M. Sirgy (1986) proposed the human developmental perspective to assess the needs of residents. With this approach needs assessments and resulting quality of life (QOL) goals are based on residents' developmental needs as delineated in Maslow's hierarchy of needs. The illustration below demonstrates that as QOL increases, human development ascends Maslow's hierarchy of needs. Each level of the hierarchal needs includes a value that represents population need satisfaction.

Figure 2: *A Human Developmental Perspective of Quality of Life*



Taken from *A Quality-of-Life Theory Derived from Maslow's Developmental Perspective*

The assessment determines the aggregate level of satisfaction at which residents are stuck or fixed and assists with the development of QOL goals for the community based on resident needs (Sirgy, 1986). The aggregate satisfaction is calculated with the

following formula:  $QOL_k = f(\sum X_{1ik})$  where  $X_{1k} = f(\sum Y_{2jk}, \sum X_{2ik})$ . Quality of Life (QOL) equals the function of the sum of the needs (1–5) of individual (i) of population (k).

- $X_{1ik}$  = satisfaction level of needs (1–5) of individual (i) of population (k)
- $Y_{1jk}$  = production level of institution (j) serving needs (1–5) of population (k)
- Satisfaction and serving needs 1–5 translate to self-actualization, esteem, social, safety, and biological needs, respectively

The result, human needs in the community, informs decisions on which societal institutions are necessary to support QOL goals and “. . . help the aggregate mass of the population to move towards the satisfaction of higher-order needs” (Sirgy, 1986, p. 332). This approach connects human need and development potential with community capital as a method for improving residents’ quality of life.

#### Community Change Initiatives

Correlate issues and their compounding impact on low-income communities, led to the development of community change initiatives (CCIs). CCIs are a holistic and comprehensive approach to community change that incorporates multiple interventions, engages residents, and builds capacity (Kubisch, Auspos, Brown, & Dewar, 2010). The development of a CCI framework is based on factors such as community dynamics, resources (financial and human), initiators, and the organization(s) leading the change. Historically, CCIs employ programming, community building, and/or collaborating strategies to effect community change (Dean-Coffey, et al., 2012, p. 47). Areas of study covered in community change literature include minority communities, low-income communities, poverty, housing, education, crime, health, equity, and environment. Absent was literature specific to CCIs focused on economic development.

There are two overarching purposes of CCIs: (1) improve the well-being of people (residents, individuals, and/or families/households and (2) improve the well-being of a place (neighborhoods, communities, and cities). The following will describe people- and place-based initiatives and discuss structural and systems change approaches to community change. In addition, collaborations and network development will be discussed as methods to improve CCI development and outcomes.

### *People and Place*

Effective CCI frameworks are crafted specifically for and with a clear understanding of the community to be served, whether “community” is defined as a geographic area or participants. CCIs are focused on people and/or place. Place-based initiatives focus on the development and implementation of policies and programs that target assets, amenities, and economy of a specific low-income community and people linked to that area for social interaction and jobs. In contrast, “[p]eople-based policies are designed to directly assist low-income households regardless of their place of residence” (Pinto, 2016, p. 120).

The frameworks for building or strategizing community change based on livelihoods (people) and community capitals (place) are being challenged. Livelihoods frameworks center on residents’ access to resources and developmental pathways. Community capitals frameworks (CCF) include the people-based aspect found in livelihoods and a place-based focus due to the inclusion and analysis of “capitals (e.g. human, social, cultural, political, natural, financial, and built)” (Green, 2016, p. 606).

### *CCI in a Global World*

Economic development efforts are place-based efforts designed to revitalize the local economy and provide residents job opportunities. Kubisch, et al. (2010) in their assessment of CCIs, note that economic development is challenged “. . . as too many of the forces that drive economic activity are outside of the control of neighborhood actors” (p. 9). One such force is globalization. Globalization is changing the ideal of economic and community development being placed-based. Although there is a growing concern regarding globalization’s impact and influence on local economic growth, community development, governing networks, and residents (Speer & Christens, 2010; Ruffin, 2010; & Green, 2016), “[m]any local efforts have not fully engaged, analytically or practically, the influence of global economic forces on local community processes” (Speer & Christens, 2012, p. 417). Placed-based CCIs must respond to globalization’s impact on the local economy and community dynamics (Green, 2016).

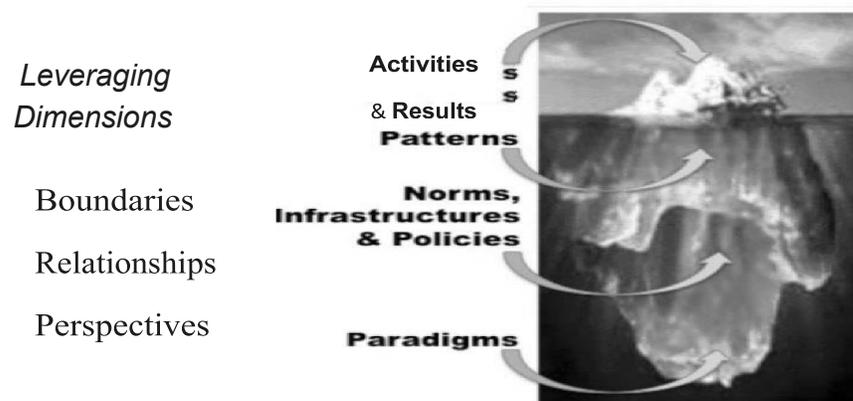
### *Structures and Systems*

Structural and systems change approaches are also employed to effect community change. These approaches are place-based frameworks that focus on societal structures and systems that create and/or further socio-economic inequities. Societal structures and systems direct and influence the way in which the community functions and can limit or in some cases prevent access to resources and power. Structures and systems also control access to developmental opportunities and pathways. In their discussion of structural change in healthcare, Miller, Reed, and Francisco (2013) state that “structural changes represent second-order changes to social, economic, political, cultural, and environmental systems that have the potential to reduce or eliminate excess vulnerability . . .” (p. 232).

Foster-Fishman and Behrens (2007) provide the following rudimentary definition of system: “. . . a collection of parts that interact together and function as a whole” (p. 191). In society, systems are more complex and elaborate. Parsons and Krenn (2018) explain that “systems may be conceptual models and/or physical entities, and can include highly controlled and mechanistic systems as well as more complex and adaptive ones” (p. 33). Systems are constructs (tangible and intangible) that not only interact within one component but feeds into other adjacent and non-adjacent components.

Societal systems influence the way in which government is conducted and how residents respond. Systems change is an extensive effort that shifts social mores, values, and beliefs and requires multiple strategies, commitment, and time (Parsons & Krenn, 2018, p. 41). The complexity of systems is described by Parsons, Jessup, and Moore (2013) as the proverbial iceberg: there is more to it below the surface than above (Figure 3).

*Figure 3: Illustration of Visibility and Depth in Complex Systems with Leveraging Dimensions*



*Leveraging Dimensions*

- Boundaries
- Relationships
- Perspectives

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The surface of the iceberg represents the activities and results that are visible while the patterns, norms, infrastructures, policies, and paradigms that support and further community dynamics lie beneath the surface. Change models such as the ABL (Above and Below the Line) (Foster-Fishman & Watson, 2012) and Strengthening Families Protective Factors frameworks (Parsons, Jessup, & Moore, 2013) fosters systems change through programs and activities that target above surface social and economic issues while adjusting below the surface supports and systems that promote or discourage behaviors. Similarly, Annie E. Casey Foundation's A Framework for Learning and Results in Community Change Initiatives (2006) is designed to transform a community through targeting "essential elements of Learning" (above the surface) and "essential conditions for Change" (below the surface) as a method for improving socio-economic conditions and well-being.

The PCI Reflective Evaluation Framework was proposed as a method of systems change. PCI was developed to shift worldviews or values on which a social system is built (Parsons & Krenn, 2018, p. 31). Unlike the above-mentioned system change frameworks, PCI incorporates evaluation as an integral element to change in addition to the work needed to change assumptions, beliefs, and norms. With PCI, evaluation is not relegated to an afterthought, it is a part of the initial planning and makes provision for an evaluator early on in the CCI process.

System change frameworks have its challenges and failings (Foster-Fishman & Watson, 2013; & Mitchell, 2013). Foster-Fishman and Watson (2012) point to the inadequate outcomes of typical system change frameworks in their discussion of Systems of Care change models. This is because these frameworks "... inadvertently limit their

achievements to individual-level outcomes or first-order shifts, do not know how to effectively apply systemic thinking to their community problems or how to implement systems change, and dedicate limited resources to processes such as implementation” (2012, p. 503). This can result in inadequate outcomes.

### *Collaboration and Networks*

Beneficial to CCIs and the planning process are community relationships and community of practice. This is because CCIs involve complex social and economic issues that are beyond the capacity of one organization or agency to solve and require a multidisciplinary and interdisciplinary approach. In addition, pervasive and correlated issues such as poverty, education, crime, and health “. . . must be addressed through the engagement of multiple community stakeholders” (Lawlor & Neal, 2016, p. 426). A community of practice is practitioners and professionals that “. . . interact, collaborate, and share ideas” (Jackson, Washington, & Jackson, 2013, pp. 60-61) around a common issue. These networks promote knowledge acquisition and dissemination and the exchange of practices, strategies, and tools to generate, expand, and increase funding resources (Jackson, Washington, & Jackson, 2013). Identifying and developing professional relationships and networks facilitate collaborative programs and connections with local and national foundations to fund and increase CCI sustainability.

### *Interdisciplinary*

Multidisciplinary and interdisciplinary approaches to community development and social change are imperative to develop a holistic plan that meets the unique and evolving needs of residents and businesses. This is especially important in recent times due to globalization in which people and place are no longer defined by old constructs.

Wallis (2015) points to conceptual constraints as contributors to the ineffectiveness of social theory. It is argued that social theory is improved through identifying similarities rather than differences in social, economic, and science concepts. Applying an interdisciplinary approach to social change and borrowing concepts from sociology, psychology, social work, business, economics as well as health, technology, and other hard sciences enrich the planning initiative and resulting strategies and tactics. CCI leaders must invite professionals from different fields of expertise to contribute their knowledge and experience to the community change process.

*Forging Relationships and Building Networks.*

Forging relationships among and between residents, neighborhood institutions, and change agents strengthens CCIs and garners much needed support early in the planning process. In low-income communities, resident led community building is necessary for the successful development and implementation of programs, initiatives, and projects designed to improve socio-economic conditions of the community and its residents. The decline in social networks leads to the decline in resident-led community building. According to Kubisch, Auspos, Taylor, and Dewar (2013), “[r]esident-centered community change work is, first and foremost, about building personal relationships among people who live in the neighborhood” (p. 62). The building of personal relationships occurs within social networks and is an important element of social capital.

Based on community builders’ (professionals and volunteers) experience, it is necessary to develop strategies to engage residents in community building that meet them where they are not just geographically (in their neighborhoods) but in consideration of their work-life obligations, interest, and constraints (Kubisch, et al., 2013). Community

engagement efforts of CCIs must be flexible and provide multiple opportunities in multiple locations. Activities must be scaled appropriately and start small as not to overwhelm residents. To prevent alienating residents, change agents and consultants from outside of the community must work to understand the community's history and heritage (backstory) before charging in. It is also important to be accountable and transparent about goals, financing, and timetables or risk piquing the suspicions of residents.

### Social and Civic Capital

To foster community development and change, trust must be built among and between residents, stakeholders, partners, and public administrators. Trust is the foundation of social connectedness and collaboration. According to Brewer (2003), “. . . social trust begets cooperation with strangers . . .” (p. 10). In communities with a sense of social trust, residents are more willing to assist with community building because they know their fellow neighbors will help carry the burden. Trust weakens walls and silos that prevent the community from working together. Trust also fosters civic engagement and political participation. Communities with low social connectedness, paltry interest in local politics, and limited civic engagement have weakened political power and are not positioned to effect change.

### *Social Capital*

Reviewed literature focused on social capital as a community development tool. Social capital is a community resource much in the same way as human capital or financial capital and is foundational to the social and economic well-being of a community. According to Sommerfeldt (2013), “social capital fosters cooperation and

provides a framework to achieve social, political, and economic goals that, in its absence, would not be possible” (p. 284). Researchers have found a correlation between social capital and socio-economic indicators such as income and education levels. Social capital also fosters social and economic growth and shields against social and economic decline. Research demonstrated that social capital increased economic inclusion (job or work participation) among people who participate in community development projects (Miles & Tully, 2007).

Social capital increases connectivity among and between residents, social networks, community-based organizations, and public administrators. These connections along with the willingness of residents and organizations to work with each other are weakened when social capital declines. According to Putnam (2000), “our growing social-capital deficit threatens educational performance, safe neighborhoods, equitable tax collection, democratic responsiveness, everyday honesty, and even our health and happiness” (p. 267). This decline negatively impacts community development and resident-led community building, compelling public administration professionals and community-based organization leaders to seek innovative methods of connecting and reconnecting residents and social networks and reinforcing social and community ties.

Through relationships forged in social networks, trust is built and a sense of community is ingrained in network members (Putnam, 2000; Miles & Tully, 2007). Researchers Ennis and West (2010) and Ansari, Munir and Gregg (2012) discuss the importance of social networks in building trust and relationships and their role in community development work and research. Social networks provide space and opportunity for members to organize around and tackle community issues; discuss and

devise solutions; and champion or oppose government policies, projects, and or plans.

As a collective, social networks and community-based organizations have the potential to wield considerable power and authority which can be used to influence the decision-making and policymaking process.

This collective action stems from individuals' desire to attain their social needs, love/belongingness and esteem, as they find and maintain their place in society (social identity) (Reynolds, Jones, O'Brien, & Subasic, 2013, p. 256). In the vein of Maslow's theory (1954) and Townsend's (1979) research, social identity theory posits that an individual's social identity prompts him/her to participate in group action to support or influence an outcome (political, economic, social) that benefits his/her group or social identity (p. 236). The formation of these social groups, associations, and networks increases social capital within a community.

Social interactions and networks have a role in the successful implementation of policies and effect policy outcomes. Pinto (2016) points to two interrelated and interconnected social interaction concepts that impact the effectiveness of policies, social disruption and geographic isolation. His research study revealed separating families and youth ". . . from their social network has apparently created large economic and social costs . . ." (Pinto, 2016, p. 123). Breaking social connections can cause a social network displacement, leaving adults and children without a sense of social belonging. Beyond the sense of belongingness, breaking social connections also leaves families without social and financial support. Social networks provide a safety-net of family and friends who can step in with emotional support when tragedy strikes and provide temporary cash assistance when unexpected costs arise or resources are low.

### *Civic Capital*

In order for citizens to engage in self-governance, they will need to develop the capacity to lead and govern. McGregor (1984) stated, “. . . civic capital means that citizens know what government does, what its purposes are, and what options are available for action” (p. 128). The key is to educate residents on the government’s roles and responsibilities and the balance that must be made between providing services and generating revenue to pay for them. By informing the community of social and economic concerns and providing options, residents will be able to assist with drafting a plan to arrest economic decline and increase revenues through community development programs and projects and establishment of new revenue streams.

### Socio-economic Factors

#### *Poverty (Economic Scarcity)*

Poverty has a lasting impact on neighborhoods, schools, crime, and economic development. The effects of, causes of, and remedies for poverty have been studied and analyzed for decades in the US. Family structure and stability; emotional and psychological well-being; educational attainment; employment and career opportunities; discriminatory practices, as well as local and federal policies have been identified as causes of or contributors to poverty (Bramley & Karley, 2007; Collins, 2010; George, 2014; Grinstein-Weiss, Shanks, & Beverly, 2014; House Budget Committee, 2014; Lemanski, 2011; & Scanion, 1998). Solutions to poverty range from supplementing income to asset-building to education reforms.

Research completed by the Pew Economic Mobility Project found that “. . . 47 percent of those born in the bottom quintile will remain there if they are unable to

complete college. Contrast that with their peers who do manage to complete college—only 10 percent will remain in the bottom quintile.” (House Budget Committee Majority Staff, 2014, p. 6) Without an education or marketable skills, individuals are unable to find adequate employment or rebound from a job lost and without a job or an adequate job, individuals are unable to ascend out of poverty. This cycle is damaging to individuals and families and has devastating socio-economic consequences for communities.

The United States Census Bureau (2018) defines poverty through a monetary calculation that determines a poverty threshold; an individual or family whose income is below that threshold is in poverty. While this definition relates poverty to monetary acceptability and thresholds, the following definition, consistent with Maslow’s Theory of Motivation and concept of need deprivation (Maslow, 1954, 2013), associates poverty with attainment of needs and desires: poverty is “. . . economic scarcity where changing what you want, or think you need, is simply not viable” (Mullainathan & Shafir, 2013, p. 149).

Yet another definition consistent with Maslow’s theory draws a connection between one’s needs deprivation and their place in society. Townsend (1979), in his study of poverty, concluded that “people are in poverty if they lack or are denied resources to obtain access to these conditions of life [diets, amenities, standards, services, and activities which are customary in society] and so fulfil membership of society” (p. 915). He posits that poverty is subjective and relative to the society in which an individual lives. Deprivation in one community is defined and experienced differently than deprivation in another community; and goes beyond economic poverty to include

work life, home life, travel, and social activities (Townsend, 1979, p. 915). Maslow (1961) opined similarly in his discussion of a society's concept of its level of poverty and wealth and an individual's level of current and desired richness (p. 1).

*Scarcity and Human Behavior*

Scarcity is resource insufficiency or “having less than you feel you need” (Mullainathan & Shafir, 2013, p. 4). A qualitative study conducted by De Sousa, Peterman, and Reeve (2016) found that scarcity is clustered into two sub-categories; lack of resources and needs-/wants-based. Lack of resources refers to not having enough money to pay for necessities and an individual's recognition of the gap between his desires and what he has. The needs- and wants-based sub-category is a continuum of needs that is subject to individual perspective. The perspective can change based on the circumstances of the individual: what was once a desire, now feels like a need due to a loss.

Researchers (Shah, Mullainathan, & Shafir, 2012; Mullainathan & Shafir, 2013; Mani, Mullainathan, Shafir, & Zhao, 2013; & Cook & Sadeghein, 2018) posit that managing scarcity, especially economic scarcity, changes behavior and influences decisions. Research revealed that scarcity impacts focus and constricts cognitive bandwidth which is especially taxing on individuals in poverty (Mullainathan & Shafir, 2013). Focus and an extreme form of focus, tunneling, have positive and negative outcomes. Constructively, as scarcity captures the mind, individuals focus on what is of most importance and produces a “focus dividend” (heightened productivity and accuracy advantage) (Mullainathan & Shafir, 2013). Detrimentally, focus can restrict so narrowly as to cause an individual “to focus single-mindedly on managing the scarcity at hand”

(Mullainathan & Shafir, 2013, p. 29) which “leads to tunneling and the neglect of other, possibly more important, things” (Mullainathan & Shafir, 2013, p. 29).

Neglect occurs not only with economic scarcity but with social deprivation as well. Participants in De Sousa, Peterman, and Reeve’s study discussed social scarcity and expressed their concerns and experiences regarding lack or potential lack of social supports and relationships. According to Townsend, the desire to attain a pressing social need (social equity or inclusion) can lead individuals to neglect or forego a basic need such as food (1979, p. 915). This desire for a social need aligns with Maslow’s love/belongingness and esteem needs in which individuals desire community relationships, acceptance, and recognition (Maslow, 1954, 2013).

In addition to neglect, tunneling inhibits competing concepts, goals, and considerations as an individual manages pressing needs (Mullainathan & Shafir, 2013, p. 31). This can have societal implications because as an individual fixates on lower-need attainment, higher-level needs such as esteem, which can be attained through education and achievement, are not considered. Maslow (1961) points to education as one of two techniques that help a person discover and express his human nature and work toward a healthy society (p. 8).

Experiments on borrowing habits revealed that scarcity impact cognitive performance of the poor regarding decision-making (Mani, et al., 2013). Additional experiments on focus and memory revealed similar results regarding decision-making of individuals experiencing economic scarcity (Shah, et al., 2012). In addition to economic scarcity, decision-making is impacted by other resource scarcities that threaten attainment

of basic needs and adequate response to critical issues (Mullainathan & Shafir, 2013 & Cook & Sadeghein, 2018).

### *Social and Economic Inequity*

Societal conditions such as the widening wealth gap, inaccessibility to democratic processes by minorities and uninformed sectors of the population, and economic and political constraints placed on local governments contribute to social and economic decline. Historic job trends and disparities led to the current wealth divide. Disparities such as poor educational quality, restricted homeownership opportunities, limited access to health services, and reduced job opportunities for minorities contribute to poverty (Collins, 2010). In addition to social inequity, concentration of power is an underlining issue that perpetuates the poverty cycle and restricts educational and employment opportunities for marginalized populations. In Lopez and Stack's discussion of social capital and power, they point to, Pierre Bourdieu's argument "that biases embedded in state-regulated cultural and educational institutions reflect and reward the social-cultural capital of upper classes and devalue that of lower classes, thereby ensuring the reproduction of social inequality" (2001, p. 32). This is echoed by Collins (2010) in his discussion of income and wealth disparities. He states that "concentrations of wealth are also concentrations of social and political power" which begets a concentration of "power to influence the rules that govern our society and the economy" (2010, p. 52).

Local and federal government policies and practices fostered income and wealth inequities among minorities and people with low socio-economic status (Collins, 2010). These policies restricted access to quality education, healthcare, and housing which promoted a cycle of poverty. Historic housing policies, discriminatory practices such as

redlining, and prejudices pushed minorities into communities inundated with income and social disparities (Knight & Gharipour, 2016; Mangin, 2014; Scott, 2014), once again promoting a cycle of poverty and increasing community distress.

As reviewed earlier, social identity produces collective action which organize individuals around a socio-economic issue. Collective action benefits marginalized communities and has the potential to decrease social and economic inequality (Reynolds, et al., 2013). Conversely, social identity also has the ability to widen social inequality. According to Reynolds, et al.(2013), social identity “. . . can lead to ingroup bias (favoritism) and out group derogation” (p. 236) which can promote or widen social inequity. In addition to social identity theory, the authors discuss social dominance theory and system justification theory. In social dominance theory, tolerance for and endorsement of inequality increases as a group moves up the social hierarchy from subordinate social positions to dominate social positions and social and economic differences between social groups are rationalized by low status groups. System justification theory posits that low status groups demonstrate favoritism towards outgroups rather than their own ingroup.

### New Public Service

CCIs ideals of collaboration and resident involvement align with New Public Service tenets and role parameters. New Public Service is an inclusive public management style that supports and encourages collaboration between residents, government, non-profits, and the private sector. Kettl (2006) found “[t]he growing interconnections among public, private, and nonprofit organizations profoundly disrupt traditional notions of administration” (p. 23). Citizens are encouraged to step up in their

community and are empowered to lead community change, define the vision, and set goals.

Denhardt and Denhardt (2000) eliminates public administrators from the equation of making community and economic development decisions and place citizens in the position to determine community needs and desires. Denhardt and Denhardt suggest public administrators serve citizens rather than steer them into a government desired outcome. According to them,

Government acts, in concert with private and nonprofit groups and organizations, to seek solutions to the problems that communities face. In this process, the role of government is transformed from one of controlling to one of agenda setting, bringing the proper players to the table and facilitating, negotiating, or brokering solutions to public problems (often through coalitions of public, private, and non-profit agencies). (Denhardt & Denhardt, 2000, p. 553)

By serving instead of steering, citizens would essentially govern the community change themselves. Public administrators would provide information, educate, and serve citizens as staff to carry out their requests and develop policies to meet their needs and desires (Denhardt & Denhardt, 2000).

Implementing the New Public Service approach in low-income communities has its challenges and consequences. One challenge is the civic capacity of residents. Public administrators must determine whether residents are equipped to lead change without detriment to the community's social fabric or budget. Bellone and Goerl (2015) stated, "[a]s a result of the more-services-less-revenue paradox, handed the public administrator by the voter, citizens can be held accountable, in part, for current deficiencies in public

services and financial resources” (p. 135). Citizen participation and leadership is warranted but it must be overseen to produce results that will keep the city from atrophy.

### Community Roles

#### *Government’s Role*

New Public Service approach to governing is consistent with John Locke’s and Jean Jacques Rousseau’s thoughts on social contract regarding the role and responsibilities of government. The social contract “was based on the concept of popular sovereignty, in which the ultimate source of the legitimacy and authority of the state is the people” (Baradat, 2012, p. 58). Social contract is the agreement of roles, responsibilities, and rules between a government and society. In Locke and Rousseau’s concepts of social contract and the role of government in society, people held power.

Locke’s social contract limits government’s power and secure the “natural” rights of citizens (Reed, 2006, p. 120). Locke believed government was a tool to serve people in society as an “agent” to uphold justice, settle disputes (arbitration), and prevent people with power from unfairly treating or exploiting those without power (Baradat, 2012). For Rousseau, government would be eliminated, and decisions would be made as a community (Baradat, 2012). The will of the majority would be in the best interest of all (Baradat, 2012) because with participation, “benefits and burdens are equally shared and individual interest is linked to wider public interests” (Wolfe, 1995, p. 371).

Dimock (1937) states that government “administration under democracy is deliberately limited and checked” (p. 37). Government’s limited role as extolled in Locke’s and Rousseau’s theories is extended to community governance. Hamilton (2006) points to Box’s (2006) and Denhardt and Denhardt’s (2000) arguments “. . . that

the appropriate role for elected representatives and public administrators in community governance is a supportive role as they help citizens access their right to govern themselves” (p. 15).

### *Public Administrator’s Role*

Public administrators play a pivotal role in community development because they respond to the social and economic needs and desires of the community – residents, business owners, institutions, developers, and other stakeholders. To address the social and economic problems found in distressed communities, public administrators must seek to understand community problems and the root of community decline. Residents, stakeholders, and partners need to be able to trust that public administrators will listen to their needs and desires and not dismiss their concerns only to move forward with their predetermined plans. Kubisch, et al. (2013), discuss public administrators’ token engagement efforts in which residents are “brought in well after the basic outlines of the work are already set” (p. 61). Public administrators elicit resident participation only to ride roughshod over them to implement community services and programs that do not meet their needs and/or desires. These practices have eroded residents’ trust in public administrators.

Public administrators must not only have the desire to make and lead societal change but be in a position to take action and lead the desired changes. There are potential but real consequences for practitioners who embark upon leading change. Practitioners must balance personal values with those of the organization without agitating bosses and placing themselves in a precarious situation that affects job security

or position (Box, 2006). Practitioners' jobs are at risk if they are perceived as overstepping job roles or working in contrast to the organization's interests.

Public administrators and practitioners might not be able to effectively lead social change due to their government role and commitment to uphold their organization's mission and values. To lead community change initiatives, public practitioners need latitude in job positions. This type of community-based work is suited for boundary-spanning, management-level, and technical positions that offer the freedom and autonomy necessary to make decisions; operate between the community and organization; and use social, economic, and use political skills, knowledge, and experience (Box, 2006; Lawlor & Neal, 2016; & McNall et al, 2015).

#### *Resident's Role*

In recent years, there has been a focus on citizen participation and theories on democratic citizenship have surfaced “which call for a reinvigorated and more active and involved citizenship” (Denhardt & Denhardt, 2000, p. 550). Engaging citizens in the decision-making process and gathering input from the public not only assists with the development of programs and services, it provides an opportunity for citizens to feel like a part of the community. As pointed out by Wolfe (1995) regarding participatory democracy, “the feeling of community provides both the source of and motivation for participation in collective action” (p. 376).

#### Summary

Understanding human motivation and need attainment are important to community change efforts. Research demonstrates that individuals focus on the attainment of a lower need to the abandonment of others. Fixation on needs clouds

judgement and decision-making which has personal and societal consequences. Need deficiency and threat have a significant impact on society because as an individual is fixed on attainment of a basic need, for example food, all other higher-level needs which benefit society are not realized.

Communities experiencing distress are challenged by complex social and economic issues. Addressing these complex issues through community change strategies requires multidisciplinary and collaboration. Community change is complicated by societal structures and systems entrenched in a community's government and political practices and ingrained in people's mores, values, and beliefs. Systems are multifaceted and complex and changing them involves more than revamping processes, it requires a shift in power and beliefs. Structural and systems change as well as a network of social, economic, and political support provides the foundation for alleviating socio-economic issues.

Due to CCI's alignment with New Public Service, it is anticipated that CCIs would benefit from governments and practitioners who adopt New Public Service approach to administration. Public administrators must support community development through civic engagement and education opportunities. Building relationships and networks that include residents, stakeholders, and community-based organizations are essential to CCIs' success. It is essential that public administrators develop and implement a community building approach designed to increase residents' civic capacity while building community relationships and networks. Much in the same way public administrators and community development professionals hone their skills and increase their knowledge through education, experience, and professional networks over time,

residents must be afforded similar opportunities and resources and allowed the time it takes to scale up their capacity. With the support of public administrators and public resources, residents will be able to develop their social and civic capacity to effectively lead and/or participate in community development efforts.

D'Souza and Gurin's (2016) individual development activity chart and Sirgy's "A Human Developmental Perspective of Quality of Life" offer pragmatic methods to assess a community's socio-economic deficits, capital needs, and level of activity needed to support individual change. As discussed and outlined in Chapter 5, D'Souza and Gurin's (2016) chart and Sirgy's (1986) assessment was modified into community change planning tools. D'Souza and Gurin's (2016) chart provides an activity level guideline for community change. Sirgy's (1986) assessment was adapted to determine the level of community capital required to support resident's need(s) attainment.

## Chapter III

### METHODOLOGY

#### Overview

This research project developed a community change framework based on Abraham Maslow's hierarchy of needs as expounded in his theory of motivation. Additionally, this study examined public administrators' and practitioners' perceptions of community change frameworks and the potential usefulness of the Hierarchy of Community Needs (HOCN) framework, a CCI framework based on Maslow's hierarchy of needs. This study analysis benefited from previously developed theory and used surveys, interviews, and hypothesis testing to guide empirical data collection (Durcikova, Lee, & Brown, 2018). Statistical action research (SAR) analyzed public administrators' and practitioners' CCI perceptions and explored a connection between the proposed Hierarchy of Community Needs (HOCN) CCI framework and field data.

SAR has five (5) stages: diagnosing, action planning, action taking, evaluating, and specifying learning. This study is limited to the first stage of SAR, diagnosing. The remaining four (4) stages are explored in relation to development of HOCN framework as a statistical model for CCI. Diagnosing, is, comprised of three (3) components. This study conceptualizes these components as: (1) field work engagement, (2) statistical model development; and (3) baseline establishment. In this study, field work engagement was undertaken through quantitative (surveys) and qualitative (survey and interviews) methods. Quantitative analysis involved statistical hypothesis testing using survey data;

and qualitative analysis using theme analysis of survey and interview data. “Using statistical hypothesis testing and sample survey, it allows a researcher to directly utilize the rigor of positivist research in the action planning and evaluating stages of AR” (Dorcikova, Lee, & Brown, 2018, p. 242).

Quantitative data was collected from multiple choice and Likert-type scale questions and qualitative data was obtained via open-ended questions. The study targeted public administrators and practitioners who have past and current involvement in community change or collaborative community development initiatives and sought to ascertain their CCI perceptions and preferences. Survey participants were selected from agencies and organizations that received HUD Choice Neighborhood grants and partnered with Choice Neighborhood grantees. Interview participants were a subset of the study population.

### Research Questions

The project answered the following research questions:

1. How would existing hierarchy of needs research apply to a Hierarchy of Community Needs framework?
2. Do public administrators and practitioners prefer a CCI framework that targets and builds on the achievement of one community need at a time in comparison to existing CCI frameworks?
3. How do public administrators and practitioners perceive the impacts of CCIs that focus on more than one socio-economic issue on outcomes?

- a. How do public administrators and practitioners perceive the impacts of CCIIs that focus on more than one socio-economic issue on resources (human and financial)?
- b. How do public administrators and practitioners perceive the impacts CCIIs that focus on more than one socio-economic issue on resident participation?

Quantitative and qualitative analysis was completed to examine the research questions.

### Hypotheses

#### *Research Hypotheses 1*

Public administrators and practitioners prefer a CCI framework that targets and builds on the achievement of lower level community needs prior to targeting higher-level needs.

#### *Research Hypothesis 2*

Public administrators and practitioners believe that focusing on more than one socio-economic issue negatively impacts CCI outcomes.

#### *Research Hypothesis 3*

Public administrators and practitioners believe that focusing on more than one socio-economic issue negatively impacts resident involvement.

### Project Data

Data was collected electronically via a web-based questionnaire developed using Qualtrics. A link to the questionnaire was disseminated to participants through email. Supplementary data was collected through follow up interviews.

## Variables

The dependent variable was measured using an ordinal scale (Likert-type). Independent variables were nominal and ordinal in terms of level of measurement. The following variables are included in the study.

- Dependent Variables:
  - Public administrators' and practitioners' preference for a Hierarchy of Community Needs Framework
- Independent Variable:
  - Public administrators' and practitioners' perception of multi-factor CCI outcomes
  - CCI socio-economic focus
  - CCI organization type (government, non-profit, foundation, funder, etc.)
  - CCI resident engagement/involvement

## Participants

Participants for this study include public administrators and practitioners (N = 169) from Choice Neighborhood lead grantees (N = 97) and partner organizations (N = 72). Choice Neighborhoods are collaborative community endeavors involving government agencies, non-profits, for-profits, community-based organizations, residents, businesses, and other community stakeholders for the revitalization of distressed communities. Lead grantees are non-profits, local governments, tribal entities, or Public Housing Authorities (PHAs). Partner organizations include non-profits, for-profits, businesses, foundations, government agencies, community-based organizations, and other community stakeholders. Names of lead grantee organizations are published on HUD's

Choice Neighborhoods' website, <https://www.hud.gov/cn>. The Choice Neighborhood Partner grantees list and the Choice Neighborhood Implementation grantees list are attached (Appendix A). As of October 13, 2018, there were 101 Choice Neighborhood grantees listed on the website.

Names of partner organizations are not compiled within a single list on HUD's Choice Neighborhoods' website. Names of partner organizations were identified by the researcher and collected from two reports published on HUD's Choice Neighborhoods' website, "Choice Neighborhoods 2015 Grantee Report" and "Choice Neighborhoods 2017 Implementation Grant Awards". Within these reports, names of partner organizations are not provided for each of the lead grantees. A total of 782 partner organizations were identified and compiled as of January 8, 2019. A list of partner organizations is attached (Appendix B). Partner organizations identified in this study are not inclusive of all the lead grantee partners.

Interview participants are a subset of survey respondents who provided their name and contact information for follow up questions. By volunteering their information, they indicated their willingness to participate in a follow up interview. Through this self-selection process, 26 survey respondents agreed to participate in interviews.

### Sample

The population for this study is Choice Neighborhood lead grantees and partner organizations. This produced a study population of 895 organizations, 101 lead grantees and 782 partner organizations. A stratified random sample was used to garner a representative sample of lead grantees and partner organizations. Due to its small population, oversampling of lead grantees was completed to increase representation of

this group in the sample. The second group, partner organizations, were sampled in proportion to lead grantees. Approximately one-eighth (107) of partner organizations were selected via Research Randomizer, an internet-based randomizer application. Randomization results are attached (Appendix C).

Elimination of duplicate entries and separation of lead grantees resulted in a sample of 226. Duplicate entries occurred under two circumstances: (1) a lead grantee received more than one Choice Neighborhood grant and (2) partner organizations formed partnerships with two or more lead grantees. Lead grantees that were comprised of more than one organization were separated into two or more entries. Elimination of duplicates produced 103 partner organizations. Elimination of duplicates and separation of lead grantees resulted in 113 lead grantee organizations. In addition to the sample reduction due to the elimination of duplicate entries, the sample size was further reduced due to inaccessibility of email addresses and staff attrition. This resulted in 97 lead grantees and 72 partner organizations for a total of 169 organizations included in the sample.

At least one contact person with an email address was identified for each of the 169 organizations. Of the 169 email addresses, four were undelivered (bounced or failed per Qualtrics). Out of the 165 verified email addresses, 57 survey responses were received for a response rate of 34.5%. Twenty-six survey respondents agreed to participate in follow-up interviews. Email requests for interviews were delivered to the 26 participants, of those a total of 9 participants responded and completed interviews.

#### Survey Instrumentation and Measures

The web-based survey platform, Qualtrics, was used to make the survey available in electronic format. The survey link was disseminated via email to participants.

Participant email addresses were obtained through an Internet search. The survey was available online and optimized for mobile devices. The survey is confidential. To promote participation, participants could respond to the survey anonymously.

Respondents had the ability to opt out of anonymity by including their name and contact information to participate in a follow up interview. Identifiable information such as name, contact information, and other personal information is maintained separately from participants' responses and coded to ensure confidentiality.

The survey is, primarily, comprised of multiple choice and Likert-type scale questions. Multiple choice questions collected organizational demographic information such as organization size, type, and focus. Likert-type questions collected data regarding CCI and community development program preferences and opinions. A few open-ended questions were included to elicit participants' opinions on CCI effectiveness, challenges, opportunities, and stakeholder involvement. The survey instrument captured participants' CCI experience and perceptions. Question topics include public administrators' and practitioners' experience with community development, change, and collaborative initiatives and preference towards implementing a strategy that targets one socio-economic issue at a time. The survey included questions about organization location, focus, and size; partnership structure and size; and respondents' demographics.

The survey instrument was organized into six (6) sections: introduction and background, community change initiatives and collaborations, resident involvement, collaboration and networks, CCI preferences, and exit. The first section, introduction and background, introduced the study (provided information on the study, purpose of the research and Institutional Review Board information) and posed organizational and

participant background questions. The second through the fifth section of the survey measured (1) administrators' and practitioners' perceptions of CCI frameworks; (2) barriers encountered during development and implementation of CCI, (3) outcomes and resources; (4) resident engagement and involvement; (5) collaboration and network development efforts; and (6) socio-economic issues. The last section, exit, invited participants to voluntarily provide their contact information for follow-up interviews.

The survey was pretested with a small group of public administrators and practitioners to ensure the questions are relevant, non-biased, and that the pretest group can answer the questions. Testers had housing program development and implementation experience; community and economic development experience; and education leadership experience. Their staff position experience ranged from lower-level staff to executive management within government and non-profit sectors. Pretesting provided an opportunity to determine if important variables had been missed. The questionnaire is included as part of Appendix D. The questionnaire was reviewed and approved by the Institutional Review Board as part of the Institutional Review Board Protocol Exemption Report and Application For Use of Human Participants In Research (Appendix D).

The survey and analysis were conducted during a six-week time period beginning March 30, 2019. An introductory email was sent to Choice Neighborhood lead grantees and partners during week (1) to elicit participation in the study. The introductory email introduced the researcher, described the study, explained the purpose of the study, and invited Choice Neighborhood lead grantees and partners to participate. The questionnaire was emailed to the list of participants during week two (2). To boost participation, reminder survey requests were emailed during weeks three (3) and four (4). A total of

three (3) reminder emails were sent; one (1) during the third week and two (2) during the fourth week.

Responses were due at the beginning of week three (3). Evaluation of the participation rate began in week three (3). Since the survey was created to permit anonymity, the researcher was unable to obtain a list of non-respondents and therefore unable to contact organizations to ensure that emails were sent to the appropriate staff person and/or emails were received (not in spam/junk folder).

The survey timeline is outlined in the below Survey and Interview Activity Plan chart.

Table 1: Survey Activity Plan

Survey and Interview Activity Plan	Weeks					
	3/10	3/17	3/24	3/31	4/7	4/14
	1	2	3	4	5	6
<b>Survey Dissemination</b>						
• Introduction Email	*					
• Initial Email		*				
• Follow Up Email			*	*		
<b>Survey Responses</b>						
• Responses Due			*	*	*	
• Evaluate Participation Rate			*	*		
<b>Interviews</b>						
• Schedule Interview				*	*	
• Interviews				*	*	*
<b>Survey Data</b>						
• Analysis				*	*	*

### Interview Instrumentation and Measures

Telephone interviews of public administrators and practitioners who completed the survey and volunteered for follow up questions were conducted during weeks four (4) through six (6) as detailed in the above chart. Interview questions were open-ended to

elicit administrators' and practitioners' thoughts, perspectives, and preferences on CCIs. The interview questions inquired of (1) administrators' and practitioners' views on CCI frameworks (2) outcomes and resources; and (3) resident engagement and involvement. The inquiry instrument is attached within the Institutional Review Board Protocol Exemption Report and Application For Use of Human Participants In Research (Appendix D). The interview instrument and consent protocol were reviewed and approved by the Institutional Review Board.

Interview participants optioned out of anonymity by including their name and contact information for follow up questions. Confidentiality of participants who voluntarily provided their name and contact information will be maintained via the protocol stated below:

- Respondents' identifiable information is maintained separately from responses.
- Respondents' name and contact information is not reported with results or comments.
- Survey results are aggregated.
- Respondents were coded with a unique identifier. The identifier is based on the month, day and time of the follow up. Example: if the interview occurred on February 1<sup>st</sup> at 1:45 p.m., the identifier is 0201145p.
- Respondents' name and contact information are not available to anyone other than the researcher.
- Respondents' name and contact information will be deleted three (3) years after approval of dissertation defense and submittal of final dissertation.

## Study Procedures and Statistical Analysis

Survey data was analyzed using quantitative and qualitative methods.

Quantitative analysis was conducted on multiple choice and Likert-type scale questions. Two quantitative questions regarding length of CCI experience and size of organization, were coded into nominal categories for analysis. Qualitative analysis was conducted on participants' responses to open-ended and interview questions to explore opinions, nuance experiences, and phenomena to provide a comprehensive understanding of respondents' perceptions of CCI and its community impact. Responses to open-ended and interview questions were examined and coded to identify common themes. Themes were analyzed to interpret public administrators' and practitioners' views on CCIs.

Descriptive statistics were used to describe, summarize, and explore relationships between variables and themes. Crosstabulation comparisons between variables (public administrators' and practitioners' preferences, organizational demographics, with CCI socio-economic focus) were completed to determine relationships among the variables. Correlation Analysis was used to determine relationships between variables and strength of relationships. Analysis of variance (Anova) was used to determine the significance of the relationships and test the hypotheses (accept or reject).

Data was exported to Excel, spreadsheet software capable of data analysis and graph production. Crosstabulations and Anova were performed using Excel software. Coding of responses to open-ended questions and analysis of themes was conducted using Excel.

## Institutional Review Board Oversight

This study is exempt from Institutional Review Board (IRB) Oversight under Exemption Category 2. The Institutional Review Board Protocol Exemption Report and Application For Use of Human Participants In Research is attached (Appendix D.) The researcher successfully completed Collaborative Institutional Training on August 26, 2017. The Collaborative Institutional Training Initiative certification is attached as part of the Institutional Review Board Protocol Exemption Report and Application For Use of Human Participants In Research (Appendix D).

### Study Limitations

There were several factors that limited study results and conclusions. The following factors were considered during determination of result consistency or non-consistency with data expectations and hypotheses. Grantee and partner organizations have policies that could prevent target participants from responding to the survey. Public information policies might require target participants to obtain approval to respond. In addition, information technology policies designed to protect the organization from malware might prevent target participants from accessing the survey link without approval. These types of policies prevented at least two target participants from responding to the survey. It is suspected that other target participants were unable to respond due to the same policies, therefore producing a lower response rate.

The response rate might also be impacted due to attrition and/or position reassignment. Staff who were responsible for leading the Choice Neighborhood programs might not currently work for the grantee organizations or within the responsible department. In these cases, emailed participation requests might be discarded or received

by staff unfamiliar with CCI. Non-responses and responses from unknowledgeable staff can limit the reliability of the results.

Another factor that impacted the response rate is anonymity. Survey participants had the option to remain anonymous; therefore, the researcher was not permitted to pose follow-up questions to survey respondents who chose to remain anonymous. This limited the breadth of study data due to the low response rate among follow-up interview volunteers.

The selection of HUD Choice Neighborhood grantees as target participants posed a limitation. Grantees have a financial advantage and partnership commitment that other public administrators and practitioners involved in change projects do not have. The financial advantage not only stems from HUD, but from foundations and funders who commit to the project due to its status as a Choice Neighborhood project. The infusion of HUD funding and attraction of additional funding permit funds to be allocated towards marketing, resident engagement, staff capacity, and partnership development. In addition, programs and projects are able to move from the development phase to implementation which often requires initial and/or continued funding.

Partner commitment increases capacity, legitimacy, and authority of the CCI. Legitimacy and authority assure residents and stakeholders that the CCI and its leaders genuinely want to improve the community's well-being and therefore encourages residents and stakeholder to participate in the CCI. Increased marketing, capacity, program implementation, and resident and stakeholder involvement improve socio-economic outcomes and affect CCI results. Non-HUD Choice Neighborhood grantees might not have the financial or partnership support necessary to garner the same results.

## Chapter IV

### FINDINGS

#### Overview

As explained in this study's introduction and explored in the literature review, CCIs are comprehensive community development initiatives employed to stay and reverse socio-economic conditions that underlie community distress and restrict residents' opportunities and pathways for social and economic growth. Although CCIs are crafted to address the specific social and economic needs of the community, they often follow traditional frameworks that target multiple needs at once. Public administrators and practitioners, in conjunction with community stakeholders, are charged with CCI development and implementation and therefore have practical CCI knowledge and experience. Their perceptions of and experience with traditional CCI frameworks' development and implementation processes and outcomes are essential to this study.

The survey and interview instruments measured public administrators' and practitioners' perceptions of traditional and non-traditional CCI process, barriers, impacts, and outcomes. Quantitative data from the survey were analyzed in conjunction with qualitative data from open-ended survey question and interview responses. Qualitative data were examined and interpreted in consideration of survey results for clarification and greater understanding of public administrators' and practitioners' CCI perceptions and experiences.

This chapter is divided into three main sections. The first section gives an overview of respondents' demographics. The second section provides data analysis to examine two of the three research questions that form the basis of this study. Research questions examined are: do public administrators and practitioners prefer a CCI framework that targets and builds on the achievement of one community need at a time in comparison to existing CCI frameworks and how do public administrators and practitioners perceive the impacts of CCIs that focus on more than one socio-economic issue on outcomes? Research Hypotheses are tested in the third section.

#### Respondents

Requests to participate in the survey were emailed to 165 public administrators and practitioners who work for an organization that received or partnered with an organization that received at least one of HUD's Choice Neighborhoods Grants. At the conclusion of the survey, there were 57 respondents. Of the 57 respondents, 49 respondents (86%) have been involved with a CCI or community focused collaboration. Survey participants were primarily (58%) from organizations that received a Choice Neighborhood Grant (Table 2).

Table 2: *Choice Neighborhood Grant Type*

<b>Choice Neighborhood Grant Type (N = 48)</b>		
<b>Variable</b>	<b>%</b>	<b>n</b>
<b>Choice Neighborhood Planning</b>	<b>29%</b>	<b>14</b>
<b>Choice Neighborhood Implementation</b>	<b>6%</b>	<b>3</b>
<b>Both</b>	<b>23%</b>	<b>11</b>

Neither	31%	15
Unsure	10%	5
Total	100%	48

Most respondents (64%) from Choice Neighborhood organizations indicated that their organization was the lead grantee. Table 3 depicts the frequency distribution of participants' Choice Neighborhood entity type, lead grantee or partner organization.

Table 3: *Choice Neighborhood Entity*

<b>Choice Neighborhood Entity</b>		
<b>Variable</b>	<b>%</b>	<b>n</b>
<b>Lead Grantee</b>	<b>64%</b>	<b>18</b>
Partner Organization	21%	6
Both	11%	3
I am not sure	4%	1
<b>Total</b>	<b>100%</b>	<b>28</b>

Respondents work primarily in the public sector with 58% government employees and 38% non-profit employees for a total of 96%. For-profit and other employee types each represented 2% of respondents. No private foundation/or funder employees (0%) responded to the survey. Table 4 shows the employment mix of respondents.

Table 4: *Respondent's Employment Type*

<b>Respondents' Employment Type (N = 55)</b>		
<b>Variable</b>	<b>%</b>	<b>n</b>
Government	<b>58%</b>	<b>32</b>
Non-profit	38%	21
For-profit	2%	1
Private Foundation/Funder	0%	0
Other	2%	1
<b>Total</b>	<b>100%</b>	<b>55</b>

Governments were the only employers to both be Choice Neighborhoods lead grantees and partner organizations. Cross-tabulation Table 5 illustrates the Choice Neighborhoods grantee and partner mix among the different organization types. Responses represented viewpoints across each experience level. Table 6 shows the frequency distribution of participants' years of experience.

Table 5: *Choice Neighborhoods Grantee Partner Mix*

<b>Choice Neighborhood Entity by Employment Type (N = 28)</b>				
	<b>Government</b>	<b>Non-profit</b>	<b>For-profit</b>	<b>Total</b>
Lead Grantee	36% (10)	29% (8)	0% (0)	64% (18)
Partner Organization	11% (3)	7% (2)	4% (1)	21% (6)

Both	11% (3)	0% (0)	0% (0)	11% (3)
Unsure	4% (1)	0% (0)	0% (0)	4% (1)
<b>Total</b>	<b>61% (17)</b>	<b>36% (10)</b>	<b>4% (1)</b>	<b>100% (28)</b>

Table 6: *Community Development Experience*

<b>Community Development Experience (N = 56)</b>		
<b>Years</b>	<b>%</b>	<b>n</b>
< 5 years	23%	13
5 - 10 years	18%	10
> 10 years	<b>59%</b>	<b>33</b>
<b>Total</b>	<b>100%</b>	<b>56</b>

The majority of respondents (59%) have more than 10 years of community development experience. The next largest group of respondents (23%) had less than five (5) years of experience. This representation of differing experience levels provides insights from professionals who have fresh experiences and innovative thoughts on CCIs and from seasoned professionals who have experiences with various iterations of CCIs and well-formed opinions.

Government employees were the principal respondent group across all length of community development experience categories. As stated earlier, governments were also the only employer type to be involved in Choice Neighborhoods as the lead grantee and partner grantee. Respondents from this group have a unique viewpoint of CCIs process

since they have the longest community development experience and have experience working both in CCI lead and support roles.

Public sector employees represent nearly all of the respondents with more than 10 years of community development experience with government employees at 33% and non-profit at 24% of respondents. Table 7 shows the comparison of employment type and length of community development experience.

Table 7: *Community Development Experience and Employment Type*

<b>Community Development Experience by Employment Type (N = 55)</b>					
	<b>Gov't</b>	<b>Non-profit</b>	<b>For-profit</b>	<b>Other</b>	<b>Total</b>
< 5 years	13% (7)	9% (5)	0% (0)	2% (1)	24% (13)
5 - 10 years	13% (7)	5% (3)	0% (0)	0% (0)	18% (10)
> 10 years	<b>33% (18)</b>	24% (13)	2% (1)	0% (0)	58% (32)
<b>Total</b>	<b>58% (32)</b>	<b>38% (21)</b>	<b>2% (1)</b>	<b>2% (1)</b>	<b>100% (55)</b>

Public administrators and practitioners with more than 10 years of community development experience had the highest representation within each organization size category. Data reveals that 58% of respondents work for large organizations (>50 employees), 9% for medium (26–50) sized organizations, and 33% for small (1–25) organizations. Diversity within organization size provides another opportunity for differing perspectives on CCIs. Table 8 depicts respondents’ community development experience by the size of their organization.

Table 8: *Community Development Experience and Organization Size*

<b>Community Development Experience by Organization Size (N = 55)</b>				
<b>Years</b>	<b>Small</b>	<b>Medium</b>	<b>Large</b>	<b>Total</b>
< 5 years	11% (6)	2% (1)	11% (6)	24% (13)
5 - 10 years	7% (4)	2% (1)	9% (5)	18% (10)
> 10 years	15% (8)	5% (1)	38% (21)	<b>58% (32)</b>
<b>Total</b>	<b>33% (18)</b>	<b>9% (5)</b>	<b>58% (32)</b>	<b>100% (55)</b>

Participants were asked about the socio-economic focus(es) of the CCI or collaboration in which they were involved. Respondents selected from a list of social and economic topics. A frequency distribution of CCI social and economic topics are shown in Table 9.

Table 9: *CCI Socio-Economic Focus*

<b>CCI Socio-Economic Focus (N=41)</b>		
<b>Variable</b>	<b>%</b>	<b>n</b>
<b>Affordable Housing</b>	<b>73%</b>	<b>30</b>
<b>Low-income</b>	<b>71%</b>	<b>29</b>
<b>Workforce Development/Readiness</b>	<b>71%</b>	<b>29</b>
Employment Opportunities	66%	27
Economic/Business development	56%	23
K- 12 Education	56%	23
Crime	54%	22

Healthcare	54%	22
Poverty	54%	22
Homelessness	29%	12
Other	22%	9

Affordable housing is the focus of most (73%) CCI and/or collaboration efforts. Closely behind are low-income and workforce development, both at 71%. The majority of respondents' (93%) CCIs and/or collaboration efforts focused on multiple socio-economic issues. Less than a quarter of CCIs focused on three (3) or less socio-economic issues. A breakdown of the number of CCI socio-economic issues is depicted in Table 10.

Table 10: *Number of CCI Socio-Economic Issues*

<b>Number of CCI Socio-economic Issues (N = 41)</b>		
	<b>%</b>	<b>n</b>
One	7%	3
Two	2%	1
Three	12%	5
Four	5%	2
Five	10%	4
Six	20%	8
Seven	10%	4
Eight	12%	5

Nine	15%	6
Ten	7%	3

## Research Questions

### *CCI Framework Preference and HOCN Usefulness*

Participants were asked to rate their level of preference for CCI frameworks and perceptions of Hierarchy of Community Needs (HOCN) usefulness. Level of CCI framework preference was explored through responses to the second research question: Do public administrators and practitioners prefer a CCI framework that targets and builds on the achievement of one community need at a time in comparison to existing CCI frameworks? Perceptions of HOCN usefulness were assessed by participant responses to the second research question. In addition, CCI preference data was analyzed to assess Research Hypothesis 1: Public administrators and practitioners will prefer a CCI framework that targets and builds on the achievement of lower level community needs prior to targeting higher-level needs.

### *CCI Framework Preference*

The level of public administrators' and practitioners' preference for multi-factor, single-factor, and HOCN was determined. Response frequencies and descriptive statistics are shown in Tables 11 and 12.

Table 11: *CCI Preference Frequency Distribution*

<b>CCI Preference</b>			
	<b>Multi-Factor</b>	<b>Single-Factor</b>	<b>HOCN</b>
Prefer A Great Deal	35%	18%	<b>43%</b>
Prefer A Lot	35%	16%	26%
Prefer A Moderate Amount	16%	21%	17%
Prefer Slightly	3%	16%	9%
Do Not Prefer	11%	29%	6%

Public administrators and practitioners prefer HOCN (CCI framework that targets and builds on the achievement of lower level community needs prior to targeting higher-level needs). Ninety-four percent of respondents prefer (a great deal, a lot, moderate amount, or slightly) HOCN, 89% prefer multi-factor CCIs, and 71% prefer single-factor CCIs. The most common response within the HOCN and multi-factor CCI category was “prefer a lot”. The most common response for single-factor CCIs was “do not prefer.” CCI framework preference was measured on a scale of 1 to 5 with 1 = Do Not Prefer and 5 = Prefer A Great Deal.

Table 12: *CCI Preference Descriptive Statistics*

	<b>Mean</b>	<b>Median</b>	<b>Mode</b>	<b>SD</b>
<b>Multi-Factor</b>	3.81	4	4	1.27
<b>Single-Factor</b>	2.79	3	1	1.49
<b>HOCN</b>	<b>4.09</b>	4	4	1.15

### *HOCN Usefulness*

As depicted in Table 13, participants rated the perceived usefulness of a CCI framework that targets and builds on the achievement of one lower level community need prior to targeting higher-level needs (HOCN). Nearly 70% of participants rated HOCN as useful (extremely or somewhat). There were no participants who rated HOCN as extremely useless.

Table 13: *HOCN Usefulness*

<b>HOCN Usefulness</b>		
	<b>%</b>	<b>n</b>
<b>Useful</b>	<b>69%</b>	<b>25</b>
<b>Neither Useful nor Useless</b>	22%	8
<b>Useless</b>	8%	3

To further explore the usefulness of HOCN, participants were asked to elaborate on their perceptions of HOCN usefulness or uselessness. Some public administrators and practitioners perceive HOCN as too simplistic given the complexity and interrelatedness of socio-economic issues. One respondent perceives HOCN as potentially restricting partner and stakeholder engagement:

“Focusing on one lower level issue restricts the level of engagement and creativity by multiple partners and stakeholders that makes change really take off. The process is not linear. To be effective it requires a lot of people to engage in areas they are passionate about and to work collaboratively outside the box at the same

time. This creates positive results you could not have planned for that are community driven.”

Others perceive HOCN as having the potential to increase resident engagement as well as build momentum, produce long-term success, and attract resources and partners. Below are a few comments that summarize perceptions of HOCNs usefulness.

“Basic needs are a clearly understandable issue for residents of all social and economic strata. People get confused and easily discouraged when dealing with multiple issues—some that they may not completely understand or agree with. But with one issue groups, citizens may participate more readily if it's an issue they believe in and value.”

Another respondent commented:

“It is easier politically and financially to target one key issue. Easier to move through red tape, funding, city agency partnerships, etc.”

And a third said:

“In my experience, neighborhoods have three trajectories: (1) to be socioeconomically stagnant or decline, (2) to experience rapid socioeconomic improvement, often at the expense of displacement, or (3) to experience gradual stabilization and change over time through a physical, economic and capacity building supports for entrepreneurial residents or groups. The third is most challenging but produces lasting beneficial change but must be achieved through fundamental change initiatives. (Said another way, sending someone managing childcare, (mental) health challenges, and long-term poverty through a workforce development program has little chance of sustained success).”

Based on analysis of CCI preference and HOCN usefulness, public administrators and practitioners prefer a CCI framework that targets and builds on the achievement of one community need at a time. Public administrators' and practitioners' responses to open-ended and interview questions along with the perceived usefulness of HOCN and high preference rating of HOCN, suggests that public administrators are receptive to the HOCN CCI framework and the concept of targeting and achieving basic needs prior to higher level needs.

### *CCI Effectiveness, Barriers, and Challenges*

Participants were asked about their perceptions of CCI effectiveness and which barriers and challenges they experienced during development and implementation of CCIs. Participants rated their perceptions of CCI effectiveness and the sustained success of Multi-factor and Single-factor CCIs and identified barriers through a fixed-choice list. Barriers and challenges were also identified through participants' responses to open-ended questions and interviews. Resulting data were analyzed and interpreted to examine research question three (3): How do public administrators and practitioners perceive the impacts of CCIs that focus on more than one socio-economic issue on outcomes?

#### *Effectiveness*

Public administrators and practitioners overwhelmingly (95%) agree (strongly, agree, and somewhat) that CCIs are an effective method to improve community well-being. These results align with CCI literature which touts the benefits and effectiveness of CCIs and reveal a consensus between researchers and public administrators and practitioners. Displayed in Table 14 are respondents' perceptions of CCI effectiveness.

Table 14: *Perceptions of CCI Effectiveness*

<b>CCI Effectiveness (N = 41)</b>		
<b>Scale</b>	<b>%</b>	<b>n</b>
Agree	95%	39
Neither Agree nor Disagree	2%	1
Disagree	2%	1
Total	100%	41

The frequency distribution (Table 15) shows that, except for financial resources, respondents rate single-factor CCIs impacts on resident involvement, organizational capacity, financial resources, and outcomes higher than multi-factor CCIs.

Table 15: *Single-Factor and Multi-Factor CCI Impacts*

<b>Single-Factor CCI Impacts (N = 36)</b>			
	<b>Positive</b>	<b>Neither Positive nor Negative</b>	<b>Negative</b>
<b>Resident Involvement</b>	<b>92% (33)</b>	3% (1)	6% (2)
<b>Organizational Capacity</b>	78% (28)	19% (7)	3% (1)
<b>Financial Resources</b>	75% (27)	17% (6)	8% (3)
<b>Outcomes</b>	<b>92% (33)</b>	3% (1)	6% (2)

<b>Multi-Factor CCI Impacts (N = 36)</b>			
	<b>Positive</b>	<b>Neither Positive nor Negative</b>	<b>Negative</b>
<b>Resident Involvement</b>	78% (28)	17% (6)	6% (2)
<b>Organizational Capacity</b>	61% (22)	25% (9)	14% (5)
<b>Financial Resources</b>	<b>83% (30)</b>	14% (5)	3% (1)
<b>Outcomes</b>	89% (32)	3% (1)	8% (3)

The majority of participants perceive single-factor and multi-factor CCIs as having a positive impact on resident involvement, organizational capacity, financial resources, and outcomes. Multi-factor CCIs are perceived as having a positive impact on financial resources by 83% of respondents and single-factor by 75% of respondents. The highest perception rating (92%) was given to single-factor CCIs' positive impact on resident involvement and outcomes.

In contrast to the percentage point lead that single-factor CCIs have over multi-factor CCIs in three (3) out of four (4) above categories, nearly three-fourths (3/4) of respondents perceive multi-factor CCI as producing sustained success (Table 16).

Table 16: *Multi- and Single-Factor CCI Type and Sustained Success*

<b>Sustained Success (N = 38)</b>		
<b>CCI Type</b>	<b>%</b>	<b>n</b>
<b>Multi-factor CCI</b>	<b>74%</b>	<b>28</b>
Single-factor CCI	26%	10
Total	100%	38

Sustained success data indicate that although public administrators and practitioners perceive single-factor CCIs as having a more positive impact, they do not consider it as an effective method to improve community well-being over the long-term. This contrast points to the perceived immediate benefits and short-term outcomes of a single focused CCI. This is supported by interview responses in which participants discuss the relative ease of, or potential for, an increase in resident engagement when the CCI is focused on a single socio-economic issue as opposed to multiple issues. According to interviewees, single-factor CCIs permit the organization to implement residents’ ideas and programs (outcomes) quicker thus building trust among residents which engages more residents in the CCI.

Another issue that is supported by participant responses to open-ended questions and interviews, is the increase in the positive rating of multi-factor CCIs (83%) over single-factor (75%) regarding impact on financial resources. Multi-factor CCIs attract “new and increased funding.” This is discussed in further detail in Resources and Capacity and depicted in Table 28.

Participants were asked to identify the challenges and opportunities they experienced with CCI development and implementation. Table 17 provides a frequency distribution of opportunities identified by participants. Challenges are discussed in detail in the next section.

Table 17: *CCI Opportunities*

<b>CCI Opportunities</b>	<b>%</b>	<b>n</b>
Collaboration/Networks	32%	6
Increase Resources	21%	4
Build Trust	11%	2
Build Capacity (resident and organization)	11%	2
Increase Engagement	11%	2
Consensus	5%	1
Community Revitalization	5%	1
Develop Pathways	5%	1

The top two opportunities experienced by public administrators and practitioners are increases in: (1) collaboration/networks at 32% and (2) resources at 21%. Participants also identified increased trust, capacity, and engagement as opportunities due to CCI development and implementation.

### *Barriers and Challenges*

79% selected one (1) to three (3) barriers with no respondents selecting more than six (6). There were two (2) respondents who listed the most CCI barriers, six (6). Table 18 shows the frequency distribution of the number of barriers experienced per CCI.

Table 18: *Number of CCI Barriers*

<b>Number of CCI Barriers (N = 41)</b>		
<b># of Barriers</b>	<b>%</b>	<b>n</b>
One	28%	11
Two	28%	11
Three	23%	9
Four	8%	3
Five	10%	4
Six	5%	2
Seven	0%	0
Eight	0%	0

One of two themes that emerge from analysis of participant responses to open-ended and interview questions is financial resources and how it impacts capacity and resident engagement. The importance of financial resources is demonstrated through nearly three-quarters of participants selecting “limited funding” as the top barrier. Rounding out the top three (3) barriers are human resources at 56% and resident participation 29% which are both affected by the sufficiency of financial resources. The

results shown in Table 19 are consistent with views expressed as answers to open-ended questions regarding CCI challenges participants experienced.

Table 19: *CCI Barriers*

<b>CCI Barriers (N = 27)</b>		
<b>Variable</b>	<b>%</b>	<b>n</b>
Limited Funding	73%	30
Limited Human Resources	56%	23
Limited Resident Participation	29%	12
Status Quo	27%	11
Lack of Authority	22%	9
Lack of Legitimacy	20%	8
Limited Collaboration & Network Participation	15%	6
Other	12%	5
None	2%	1

Challenges identified by public administrators and practitioners are: (1) resources (time, people, funding) at 25%, (2) engagement and empowerment (resident and community) at 22%, and (3) lack of political support which relates to the legitimacy barrier was experienced by 12% of respondents. Table 20 depicts the frequency distribution of challenges experienced by participants.

Table 20: *CCI Challenges*

<b>CCI Challenges (N = 27)</b>		
	<b>%</b>	<b>n</b>
Lack of Resources (time, people, funding)	25%	8
Lack of Engagement and Empowerment	22%	7
Lack Political Support	13%	4
Lack of Organizational Capacity	9%	3
Lack of Collaboration	6%	2
Lack of Buy-in	6%	2
Lack of Consensus	6%	2
Lack of Useable Data	3%	1
Inability to Leverage Funding	3%	1
Apathy	3%	1
Gentrification	3%	1

The following are a few participant comments regarding these challenges:

“There can be limited time and energy to become immersed in a process which often leads to judgement by outside organizations that there isn't a willingness to engage in the work. Untrue, there are just real-life challenges to becoming engaged that are often go overlooked by those speaking from a place of privilege.”

One participant commented:

“Investing in ANY successful community change initiative requires a substantive commitment of resources—people, funding, time—and few institutions are equipped to do so well.”

Another participant said:

“The CCI's tend to attract the same individuals instead of developing more methods of including a wider array of citizens. Moreover, lack of funds is always an issue.”

A fourth respondent commented:

“Challenges come about when we can't identify the person or organization that will be empowered to continue the initial efforts.”

Interviewee responses also reflected the barriers and challenges noted in the survey. The following are comments that pertain to resident engagement and empowerment:

“Communities that we are doing work in, it is sort of like this beaten down attitude of “we’ve been here before” or “what’s the difference this time”. Once people have that attitude it is really hard to engage them in community service.”

One interviewee noted:

“A general apathy and disenfranchisement are greater obstacles than having the subject matter more complex.”

Another said:

“People with low income or education levels might not have the confidence to participate or feel like they will be heard. They might have the belief that it doesn’t matter if they contribute because they will not be taken seriously.”

And, one commented:

“Resident see it as a bunch of people [staff] doing something to me and not for me. They feel as though they will be not heard. . . . They don’t participant because they might feel they don’t have the ability to contribute.”

They also discussed the need for qualified staff and financial resources. Comments regarding these challenges are noted below.

### *Resources and Capacity*

Participants were asked to rate their perceptions of various CCI resources and capacities. Participants rated the impact of CCIs on human and financial resources such as residents, funding, and staff and whether organizations and residents have the capacity to lead CCIs. Interview responses were also used to gage participants perception of CCIs’ impact on resources and capacity. Perceived impact was examined to explore the third research question: How do public administrators and practitioners perceive the impacts of CCIs that focus on more than one socio-economic issue on outcomes? This question encompasses auxiliary questions of impact on resources (human and financial) and resident participation.

### *Residents*

Limited resident participation was selected by 29% of respondents as a barrier to CCI development and implementation. Theme analysis reveals resident involvement as important to CCIs. Resident involvement whether engagement, empowerment, capacity, or participation was a consistent thread, regardless of topic, during interviews and responses to open-ended questions and emerged as the primary theme. It was discussed in relation to organizational capacity, success, and outcomes.

Regardless of the CCI type, single-factor or multi-factor, most public administrators and practitioners perceive CCIs as having a positive impact on resident involvement. Illustrated in Table 21 is public administrators' and practitioners' perceptions of CCIs' impact on resident involvement.

Table 21: *CCI Impact on Resident Involvement*

<b>Resident Involvement (N = 36)</b>		
<b>CCI Type</b>	<b>Positive</b>	<b>Negative</b>
<b>Single-Factor</b>	<b>92% (33)</b>	<b>6% (2)</b>
<b>Multi-Factor</b>	<b>78% (28)</b>	<b>6% (2)</b>

Although both CCIs have a favorable impact, more respondents (92%) perceive that a single-factor CCI has a positive impact on resident involvement versus a multi-factor CCI (78%). The following interview participants' comments shed light on this perception:

“Comprehensive nature is part of it [lack of resident participation], you have to kind of spoon feed things to people. . . . Addressing issues separately helps because it gets people who are interested in that one topic to come out.”

A participant explained:

“Because CCI’s touch so many things at one time, it could be a hindrance to residents participating” and “it makes it harder for participants to see the real potential when it includes everything. It’s too big.”

One interviewee commented:

“. . . sometimes it can be overwhelming. When things are so broad and comprehensive people tend to grab on to one thing, whether it is crime, housing,

transportation. It can be glamorous to try to do it all, but it can be a lot for people.”

And, another said:

“... because they [residents] think it is not doable. This is because everything is happening at the same time and seems too big. And can be too splintered.”

Overall respondents agree that resident involvement improves CCIs. This is because, as stated by one interviewee, “what you get in raw data or secondary data or primary data in of itself does not tell the whole story and you need people to be engage in a meaningful way to understand their problems and get solutions”. At least 90% of respondents agree or strongly agree that resident involvement improves goal setting (90%), mission and vision development (90%) and CCI outcomes (95%). Table 22 depicts the frequency distribution of public administrators’ and practitioners’ perceptions of resident involvement on CCI processes.

Table 22: *Resident Involvements’ Impact on CCI Processes*

<b>Resident Involvements’ Impact on CCI Processes</b>				
	<b>Agree</b>	<b>Neither Agree nor Disagree</b>	<b>Disagree</b>	<b>Total</b>
<b>Goal Setting</b>	<b>90% (37)</b>	5% (2)	5% (2)	100% (41)
<b>Mission &amp; Vision Development</b>	<b>90% (37)</b>	7% (3)	2% (1)	100% (41)

<b>Plan/Program Development</b>	88% (36)	5% (2)	7% (3)	100% (41)
<b>Plan/Program Implementation</b>	88% (35)	10% (4)	3% (1)	100% (40)
<b>Outcomes</b>	<b>95% (37)</b>	3% (1)	3% (1)	100% (39)

Results were mixed regarding questions about resident’s desire and capacity for change. The majority of respondents (68%) agree or strongly agree that residents were ready for change. Except for residents’ readiness for change, less than 50% of respondents agree that residents were capable of leading a CCI (38%) or consistently participated in CCI activities (46%). This was echoed by one respondent who stated “. . . while we had some residents who engaged substantively, most others did not have the capacity or time to commit to the effort of the length of time necessary to implement change.” A slight majority (55%) agree that time commitment is a barrier to resident involvement. Table 23 is a frequency distribution that displays respondents’ perceptions of resident engagement.

Table 23: *Perceptions of Resident Engagement*

<b>Resident Engagement</b>				
	<b>Agree</b>	<b>Neither Agree nor Disagree</b>	<b>Disagree</b>	<b>Total</b>
<b>Residents Ready for Change</b>	68% (28)	27% (11)	5% (2)	100% (41)
<b>Residents Capable of Leading CCI</b>	38% (15)	35% (14)	28% (11)	100% (40)
<b>Time Commitment A Barrier To Resident Involvement</b>	55% (22)	18% (7)	28% (11)	100% (40)
<b>Residents Consistently Participated</b>	46% (18)	23% (9)	31% (12)	100% (39)

Data demonstrates an uncertainty among public administrators and practitioners as to whether residents are capable of leading a CCI. This is because for as many who agree residents are capable (38%), there were nearly as many who had no opinion (35%) or disagree (28%). Although results for other measures in this group were mixed, there is a clear divide in their perceptions of resident capacity, and this has implications for their inclination or commitment to include resident in CCIs.

Of concern is the approximately one-third of participants who neither agree nor disagree that residents were capable of leading CCIs. Could it be that public

administrators and practitioners are apathetic towards resident engagement or worse, could it demonstrate an unwillingness to include residents in CCIs because resident participation is “often overrated,” as stated by one participant?

The top barriers identified by respondents are time constraints, day-to-day responsibilities/challenges, trust, and resident capacity. In relation to the time commitment barrier shown in Table 23, 34% of participants note time or time constraints as a barrier or challenge to resident engagement. In the case of residents, respondents attribute this to attending to family responsibilities and coping with day-to-day socio-economic challenges or “struggles,” as one participant stated. Residents’ day-to-day responsibilities/challenges were identified by 21% of participants as a barrier to resident engagement. The following comments summarize the issue best:

“In very poor neighborhoods, resident community involvement is limited because folks are spending their energies on day to day challenges like food, transportation, access to health care, etc.”

Another commented:

“People living in communities that are really distressed, it is hard to get them out when they have other more pressing issues to attend to. It is hard to get them to think about their future when they have to contend with the next day or when it is hard for them to put food on the table the next day. For example, it is difficult to get people to come out to plan a park when they are worried about housing or other more pressing needs.”

These two barriers, time commitment and day-to-day responsibilities, are inextricably linked to each other because residents’ day-to-day responsibilities are most often the

reason they do not have time to dedicate to CCI activities and their day-to-day challenges are the very socio-economic issues that are the focus of CCIs.

Time is not only a barrier for residents, but for organizations as well.

Interviewees and respondents shared similar thoughts regarding the “investment of time” required by organizations when engaging residents, with one respondent stating that “focusing on less would slow down the process. Taking the time would improve resident participation.” Theme analysis of participants’ answers to open-ended questions about resident engagement barriers and challenges revealed additional barriers such as trust, language, and communication (Table 24).

Table 24: *Resident Engagement Barriers/Challenges*

<b>Resident Engagement Barriers/Challenges (N = 29)</b>		
	<b>%</b>	<b>n</b>
Time Constraints	34%	10
Day-to-Day Responsibilities/Challenges	21%	6
Trust	21%	6
Resident Capacity	21%	6
Language	10%	3
Apathy	10%	3
Communication	7%	2
Legitimacy/Authority	7%	2
Resources	3%	1
Status Quo	3%	1

Unrealistic Expectations	3%	1
Shelter	3%	1
Convenient Location	3%	1
Information/Data Collection	3%	1
Transportation	3%	1

Residents’ lack of trust was identified by 21% of survey respondents as a challenge to resident engagement. According to respondents, this goes beyond not trusting staff. Residents’ were fearful of CCI’s impact on their ability to hold onto the basic needs they already acquired. Public administrators and practitioners mentioned residents’ “concern about displacement [and] . . . increases in rent” and that “early on some residents were fearful that change would not be beneficial.”

*Social Capital (Social Connections, Professional Networks, and Partnerships)*

Public administrators and practitioners agree that social connections, professional networks, and collaborations improve CCI processes, outcomes, and financial resources. Table 25 illustrates public administrators’ and practitioners’ perceptions of social connections and professional networks.

Table 25: *Social Connections and Professional Networks*

<b>Social Connections and Professional Networks (N = 41)</b>			
	<b>Agree</b>	<b>Neither Agree nor Disagree</b>	<b>Disagree</b>
<b>Social Connections Assist with CCIs</b>	<b>83%</b>	15%	2%
<b>Professional Networks Assist with CCIs</b>	<b>78%</b>	17%	5%
<b>Connections &amp; Networks Improve CCI Outcomes</b>	<b>88%</b>	12%	0%
<b>Collaborations &amp; Networks Increase Funding</b>	<b>88%</b>	10%	2%

Eighty-three percent (83%) of respondents agree that social connections (resident associations, clubs, churches, parent groups, etc.) assist with CCI development and implementation, while slightly less (78%) agree that professional networks (business associations, chambers of commerce, etc.) assist with the same.

CCIs not only involve the organization or agency leading the change, but include other organizations (agencies, foundations, funders, businesses, non-profits, for-profits) that assist with resident engagement; CCI development and implementation; and funds. Their assistance increases resources and capacity. Participants' CCI collaboration size is shown in Table 26.

Table 26: *CCI Collaboration Size*

<b>CCI Collaboration Size (N = 40)</b>		
<b>Variable</b>	<b>%</b>	<b>n</b>
<b>Large</b>	<b>40%</b>	<b>16</b>
Medium	30%	12
Small	30%	12

40% of participants have experience with large (> 20 members) CCIs and community collaboratives. The remaining participants are evenly split between small and medium sized collaboratives.

*Organizational Capacity*

Organizational capacity (staff and infrastructure) was perceived as being positively impacted by CCIs. Most participants perceive that single-factor CCIs (78%) have a positive impact on organizational capacity, with 17% rating it extremely positive and 61% somewhat positive. Less respondents (61%) perceive that multi-factor CCIs have a positive impact. Table 27 shows the perceived impact that CCIs have on organizational capacity.

Table 27: *CCIs' Impact on Organizational Capacity*

<b>Organizational Capacity (N = 36)</b>		
	<b>Positive</b>	<b>Negative</b>
<b>Single-Factor</b>	<b>78% (28)</b>	3% (1)
<b>Multi-Factor</b>	61% (22)	14% (5)

There is a clear concern regarding the hiring of qualified staff. Interviewees agree that staff must be qualified to lead CCIs, especially when engaging residents and the community. Recruiting and developing quality staff requires adequate funding and in many cases a funding source that will fund new positions and permit professional development and training. Many interviewees view this as crucial to CCI success because qualified staff increases the capacity of the organization to do the work necessary to engage residents, hold meetings, build partnerships, develop and implement plans.

It is this work that builds trust and allows for transparency and accountability which impacts trust as well. These conversations were not solely focused on the need for qualified staff, but often included the topic of finances because without adequate funding, qualified staff cannot be hired. According to interviewees,

“It [stretched funding and staff] impacts one’s ability to be transparent. One way to be transparent is to talk more, do more, be more engaging. But lack of finances prevents that. The intent is there but the ability is not because there is a lack of people to do the duty or functions.”

A second said:

“The planning needs to be spread out over time and not done in a short period of time. You need to show outcomes along the way, even if they are small outcomes.”

Both efforts require qualified staff and time. Trust is earned through engagement—showing residents that staff is here to help, facilitating their ideas, and giving them a sense of inclusion and that their opinions matter. As attested by interviewees, this requires dedicated staff and an adequate time period for staff to do the work and prove,

through outcomes, that staff and the organizations involved in the CCI are there to help. Staff needs to be committed to the CCI effort and knowledgeable in all aspects of CCIs and be able to communicate it to residents, community leaders, and politicians in public settings as well as on an individual level.

“ . . . The key is the quality of staff that you hire. I worked in some neighborhoods where they wanted to hire someone during planning from the neighborhood to lead and interact with the community, but I think that was a mistake because you need someone with the skillset to lead and build trust. Quality of staff is the most important. The staff has to know all of the pieces of the effort (housing, safety, transportation, etc.) and the key players and be able to communicate that in writing and in front of groups.”

According to one interviewee, it is difficult to find employees who already have a passion for and commitment to this type of community development work and more often they stumble into it and then commit:

“ . . . There are very few people who have trained for this work. It is very difficult to find qualified staff. You want to get [staff] in and engaged, because I found that it is a career path [in which] people who make the commitment [to it] didn't think they would.”

### *Financial Resources*

As mentioned earlier, financial resources is a secondary theme gleaned from interviews and responses to open-ended questions. Table 28 shows the frequency distribution of respondents' perception of CCIs' impact on financial resources.

Table 28: *CCIs' Impact on Financial Resources*

<b>Impact on Financial Resources</b>		
	<b>Positive</b>	<b>Negative</b>
<b>Single-Factor</b>	75% (27)	8% (3)
<b>Multi-Factor</b>	<b>83%</b> (30)	3% (1)

Overall, CCIs are perceived as having a positive impact on financial resources. There were no respondents (0%) who perceived either CCI as having an extremely negative impact on financial resources. The majority of participants (83%) perceive that multi-factor CCIs have a positive impact on financial resources, 36% extremely positive and 47% somewhat positive.

While survey participants perceive CCIs impact on financial resources as mostly positive, interview participants' perceptions of CCIs were mixed. Overall, interview participants indicated that funding was an issue in CCIs or comprehensive community initiatives. A few interviewees stated that the large size of CCIs strain finances which negatively impacts the CCI. As explained by one interviewee, limited funding can require CCIs be implemented incrementally:

“We began to implement pieces on an individual basis to the point where a lot of items in the plan was implemented, maybe not as large of a scale but on a smaller scale. What it did was give us a road map to apply for resources and explain to the funders the short run outcomes and how it fits into the larger picture and inform stakeholders.”

Other interviewees pointed out that CCIs attract funding because “although it uses a lot of resources, CCIs attracts resources because if you have early success then that attracts more resources—success begets success.”

The data analysis confirms that CCIs focused on more than one socio-economic issue are not as impactful as CCIs that focus on a single socio-economic issue. This conclusion is based on single-factor CCIs’ positive rating exceeding multi-factor CCIs’ in three out of four measures (outcome, organizational capacity, financial resources, and resident involvement). Furthermore, multi-factor CCIs are perceived as having more barriers as opposed to single-factor CCIs. According to public administrators and practitioners this is because resident engagement is more difficult due to the level of activity and capacity multi-factor CCIs require.

### Hypotheses

The study examined public administrators’ and practitioners’ CCI perceptions and preferences. Preferences among and between CCI frameworks (multi-factor, single-factor, and HOCN) and perceptions of CCI outcomes, resident participation, and the number of socio-economic issues were analyzed to address research hypotheses. The study included three (3) research hypotheses.

#### *Research Hypothesis 1*

Research hypothesis 1 posits: public administrators and practitioners prefer a CCI framework that targets and builds on the achievement of lower level community needs prior to targeting higher-level needs. This research hypothesis is supported. CCI preference was rated on a scale of “prefer a great deal (5)” to “do not prefer (1).” Table 11 illustrates that 94% of public administrators and practitioners prefer HOCN.

The hypothesis also refers to preferences between HOCN, multi-factor, and single-factor CCIs. HOCN was also compared against preference rates of multi-factor and single-factor CCIs. HOCN has a higher preference rating among HOCN, multi-factor, and single-factor CCIs ranging from 10 to 23 percentage points.

Further analysis confirms a difference in preference between HOCN, multi-factor, and single-factor CCIs. An analysis of variance (ANOVA) of the three (3) CCIs reveals a significant difference between these groups. Table 29 displays the results.

Table 29: *CCIs ANOVA Results*

Anova: Single Factor

SUMMARY

<i>Groups</i>	<i>Count</i>	<i>Sum</i>	<i>Average</i>	<i>Variance</i>
Prefer Multi-Factor				
CCI	37	141	3.811	1.602
Prefer Single-Factor				
CCI	38	106	2.789	2.225
Prefer HOCN	35	143	4.086	1.316

ANOVA

<i>Source of Variation</i>	<i>SS</i>	<i>df</i>	<i>MS</i>	<i>F</i>	<i>P-value</i>	<i>F crit</i>
Between Groups	34.54	2	17.27	10.002	0.0001	3.0812
Within Groups	184.73	107	1.73			
Total	219.27	109				

The difference among means demonstrates that public administrators and practitioners prefer HOCN more than multi-factor CCIs or single-factor CCIs. The difference was significant,  $F = 3.08$ ,  $p = .0001$ . Since the p-value of .0001 is  $\leq .05$  then the null hypothesis is rejected, and the hypothesis is confirmed.

*Research Hypothesis 2*

Research hypothesis 2 posits: public administrators and practitioners believe that focusing on more than one socio-economic issue negatively impacts CCI outcomes. This hypothesis was not supported. Impact was rated on a scale of “extremely positive (5)” to “extremely negative (1).” As described in Table 15, eight percent (8%) of public administrators and practitioners rate multi-factor CCIs as having a negative impact on outcomes.

Table 30 shows a correlation analysis of the number of socio-economic outcomes and multi-factor CCIs impact on outcomes.

Table 30: *Multi-factor Impact on Outcomes and Number of Socio-Economic Focus*

*Correlation Results*

<b>Correlation Analysis Results</b>		
<b>Variable</b>	<b>MF Impact on Outcomes</b>	<b># of Socio-Economic Focus</b>
<b>MF Impact on Outcomes</b>	1	
<b># of Socio-Economic Focus</b>	0.301	1

Correlation analysis demonstrates a relationship between the number of CCIs’ socio-economic issue focus and the perceived impact of multi-factor CCIs on outcomes. The

correlation is a very weak relationship of 0.031. Although weak, the correlation is positive which demonstrates that as the number of socio-economic issue focuses increase, the perceived positive impact of multi-factor CCIs on outcomes increase. This verifies that CCIs focused on multiple issues do not negatively impact outcomes, therefore the hypothesis was not confirmed.

*Research Hypothesis 3*

Research hypothesis 3 posits: Public administrators and practitioners believe that focusing on more than one socio-economic issue negatively impacts resident involvement. This hypothesis was not supported. Impact was rated on a scale of “extremely positive (5)” to “extremely negative (1).” As described in Table 15, six percent (6%) of public administrators and practitioners rate multi-factor CCIs as having a negative impact on resident involvement

Further data analysis reveals there is a correlation between the number of CCIs’ socio-economic issue focus and public administrators’ and practitioners’ perceptions of resident participation (Table 31).

Table 31: *Number of Socio-Economic Focus and Resident Participation Correlation*

*Results*

<b>Correlation Analysis Results</b>		
<b>Variable</b>	<b># of Socio-economic Focus</b>	<b>Resident Participation</b>
<b># of Socio-economic Focus</b>	1	
<b>Resident Participation</b>	0.085	1

The correlation analysis reveals a very weak relationship of 0.085. Although weak, the correlation is positive which demonstrates that as the number of CCI socio-economic issues increase so does public administrators' and practitioners' perception of resident participation increase. This verifies that multi-factor CCIs are not perceived as having a negative impact on resident participation.

### Summary

The purpose of this study is to ascertain public administrators' and practitioners' perceptions of CCIs, assess the need and desire for a CCI framework that targets and builds on the achievement of lower-level community needs prior to targeting higher-level needs, and develop a Hierarchy of Community Needs (HOCN) CCI framework based on Maslow's hierarchy of needs. This chapter began with an overview of the study topic, research questions and hypotheses, and instrumentation and measures used to collect data. This study generated extensive data related to the second and third research questions. Statistical analysis of data was examined and interpreted to answer research questions and test hypotheses. Overall, findings demonstrate that public administrators and practitioners prefer a CCI based on a hierarchy of needs and perceive HOCN as a useful CCI framework. Findings reveal contradictions that suggest that although public administrators' and practitioners' advocate the use of traditional CCI, they perceive them as having a negative impact on resident participation and outcomes.

Chapter 5 discusses the significance of study findings and its relevance to CCIs processes, outcomes, and residents. The implications and applicability of Maslow's hierarchy of needs in community change are discussed to answer the first research question: How would existing hierarchy of needs research apply to a Hierarchy of

Community Needs framework? Additionally, recommendations are made for future research on CCI effectiveness and impact.

## Chapter V

### DISCUSSION

#### Overview

Community change initiatives have been employed by public administrators and practitioners as a tool to address social and economic distress and improve community well-being. CCI frameworks have remained fundamentally unchanged and untested. Research assessing the underlining theory of CCI frameworks and their perceived effectiveness and preference are sparse. This study advances community change research and practice by studying the perceptions and preferences of public administrators' and practitioners' who develop and implement CCIs.

Quantitative and qualitative analysis of public administrators' and practitioners' survey and interview responses were completed to answer research questions. This study yields informative and beneficial data on CCIs, specifically public administrators' and practitioners' perceptions of traditional CCIs and the usefulness of the hierarchy of community needs (HOCN) framework. Public administrators' and practitioners' views concerning community change tenets such as CCI frameworks, CCI preferences, CCI effectiveness, resident engagement, and partnerships were explored and interpreted in conjunction with reviewed literature to produce the results reported herein. This chapter discusses key study findings which challenge previously held thoughts about traditional CCI frameworks and supports the usefulness of HOCN.

## Hierarchy of Community Needs Preference and Usefulness

Results reveal that public administrators and practitioners prefer a CCI that builds on the achievement of meeting basic resident/community needs. This was preferred by 95% of public administrators and practitioners. This observation is based on an interesting dynamic found in distressed communities. Public administrators and practitioners point to a dynamic in which the condition prevents the cure. The basic needs that they are trying to remedy or address (poverty, substandard housing, hunger, and crime) are the very conditions that make development and implementation of traditional CCIs difficult. There is consensus around the notion that because residents' current basic needs are not being met sufficiently and appropriately, they are not able to participate meaningfully in CCIs. It is the case, as perceived by public administrators and practitioners in this study, that residents' preoccupation with attainment of basic needs (food and shelter) and/or management of day-to-day challenges (time constraints or family responsibilities) leaves them little time to engage in CCI activities or take advantage of resulting services.

What public administrators and practitioners are experiencing in the practice of community development aligns with Maslow's theory of motivation (1954, 2013) and scarcity and decision-making research (Cook & Sadeghein, 2018; Mani et al., 2013; Mullainathan & Shafir, 2013; & Shah et al., 2012;). Maslow (1954) postulates that individuals will fixate on their basic needs before striving for a higher need. In essence, residents cannot focus on the higher aspiration of a better community with better educational opportunities or parks if they are concerned with their lack of food or their immediate need for shelter and safety. Results reported by Shah et al. (2012) and Mani et

al. (2013) demonstrate that living in lack taxes the brain's bandwidth and impedes cognitive function which limits an individual's ability to think beyond current needs. In this context, it prevents residents from considering attending meetings about future improvements or enrolling in programs if their current socio-economic situation is dire. As stated by two interviewees,

“People living in communities that are really distressed, it is hard to get them out when they have other more pressing issues to attend to. It is hard to get them to think about their future when they have to contend with the next day or when it is hard for them to put food on the table the next day. For example, it is difficult to get people to come out to plan a park when they are worried about housing or other more pressing needs.”

And,

“Meeting basic needs are the most important. People can't focus on anything else because focusing on basic needs takes all their time. They focus on basic needs before thinking about education.”

Results also confirm that public administrators and practitioners perceive that a CCI framework which targets and builds on the achievement of one lower-level community needs (hunger, shelter, and safety) prior to targeting higher-level needs would be useful in improving community well-being. This type of approach was deemed useful by more than two out of three public administrators and practitioners. This is attributed to its simplicity and positive impact on CCIs. Public administrators and practitioners believe this approach is less demanding on residents and staff and improves outcomes. This is supported through results which show that public administrators and practitioners

rated single-factor CCIs more positively than traditional multi-factor CCIs in resident involvement (92%), organizational capacity (78%), and outcomes (92%).

#### CCI Effectiveness

Study results determined that public administrators and practitioners overwhelmingly agree that CCIs are an effective method for improving community well-being. In addition, results found that public administrators and practitioners agree that CCIs have a positive impact on resident involvement, organizational capacity, financial resources, and outcomes. These results align with community change literature in which effectiveness and its positive impacts are highlighted and form the basis of the principal argument for the use of CCIs as a community development tool. Although public administrators and practitioners agree that CCIs are effective and have an overall positive impact, a contradiction is found in the present study between quantitative and qualitative data and there are divergent opinions concerning which type of CCI, multi-factor or single-factor, would achieve long-term success and would have a more positive impact.

Staffing, funding, and resident limitations dictate the implementation of CCIs incrementally or the division of CCIs into smaller components that can be easily managed and funded. This essentially converts CCIs developed as traditional multi-factor CCIs into single-factor CCIs and implemented as HOCN. One interviewee employed the following implementation tactic when discussing funding limitations:

“We began to implement pieces on an individual basis to the point where a lot of items in the plan was implemented, maybe not as large of a scale but on a smaller scale. What it did was give us a road map to apply for resources and explain to

the funders the short run outcomes and how it fits into the larger picture and inform stakeholders.”

Another interviewee described a shift in CCI strategy when they encountered socio-economic issues that prevented residents from participating in CCIs meaningfully. The CCI shifted from a “community success” plan to a scaled “community fundamentals” plan to give residents stability when it became clear that residents were unable to concentrate on community improvements, participate in CCI activities, or take advantage of programs and services targeted towards higher level needs such as education and workforce development due to their current socio-economic challenges. According to the interviewee, the new plan focused on basic needs and “work[ed] with residents so they could have access to housing, then focus on health, then food access to give residents some stability because they need stability to access those [higher level] opportunities.”

While both interviewees acknowledge the difficulty they experienced and discussed tactical and strategic shifts they had to make during implementation, they both held on to the idea that comprehensive CCIs are the most effective and best method to use in distressed communities. This reveals a contradiction between what is being done in the field and what public administrators and practitioners believe conceptually. A poignant question emerges. Is a multi-factor CCI effective if it must be reworked and implemented in a manner contrary to its intent?

Results show that public administrators and practitioners by a margin of three to one agree that sustained success would be achieved through multi-factor CCIs as opposed to single-factor CCIs. Curiously, while use of the multi-factor CCIs may be preferred by those surveyed and interviewed, it is in direct contradiction to their perceptions that

single-factor CCIs have a more positive impact. As stated earlier, public administrators and practitioners perceive that single-factor CCIs have a more positive impact on resident involvement, organizational capacity, and outcomes. Success is built on resident involvement and organizational capacity and confirmed through the achievement of outcomes. These results suggest that although multi-factor CCIs are perceived as successful, they are also perceived to strain staff and organizational infrastructure, inhibit resident involvement, and limit outcomes as opposed to the same aspects within single-factor CCIs. This is consistent between responses to open-ended and interview questions reviewed in the previous section.

This contradiction is observed again between which CCI framework public administrators and practitioners prefer and which has a positive impact on resident involvement, organizational capacity, financial resources, and outcomes. While public administrators and practitioners prefer multi-factor CCIs over single-factor, they also believe that single-factor CCIs have more of a positive impact on resident involvement, organizational capacity, and outcomes than do multi-factor CCIs. Their preferred framework, multi-factor, is perceived as having less of a positive impact. It suggests that their preferred framework might be contributing to the barriers that they experience when developing and implementing CCIs.

There is also a perception conflict between survey responses and open-ended question and interview responses. It is observed here that public administrators and practitioners perceive multi-factor CCIs as producing long-term success and prefer multi-factor to single-factor CCIs, but their responses to open-ended and interview questions reveal that single-factor CCIs are preferred and are the de facto framework practiced.

Public administrators' and practitioners' views on and efforts to increase resident capacity and engagement support a segmented CCI development process consistent with single-factor CCIs.

“Comprehensive nature is part of it [lack of resident participation], you have to kind of spoon feed things to people... Addressing issues separately helps because it gets people who are interested in that one topic to come out.”

Resident participation within the context of CCI frameworks is discussed further below.

Although public administrators and practitioners prefer HOCN, they believe that traditional multi-factor CCIs produce sustained success. Their skepticism of HOCN's potential for long-term success is rooted in practicality and an inability to conceive of a path toward success beyond the traditional approach. Responses to open-ended and interview questions reveal that while they have a desire to focus on a single socio-economic issue, they have two concerns: (1) they do not have method to develop and implement this type of CCI and (2) they are unsure of its application in communities that have multiple socio-economic issues that “pop up” when addressing one specific issue.

#### Resident Engagement and Capacity

Although not a primary concern of this study, resident involvement is a consistent topic woven throughout interview and open-ended survey question responses. Its prominence within responses pertaining to CCI processes, outcomes, and success merit its inclusion in this discussion. The importance of resident participation to the success of CCIs and the harmful impact of non-participation on the community are shared by practitioners and researchers.

Resident involvement improves CCI processes such as goal setting and mission and vision development, plan development and implementation, and outcomes. Virtually all (95%) public administrators and practitioners agree that resident involvement improves outcomes and one in ten identify limited resident participation as a barrier to developing and implementing CCIs. As discussed in the literature review, without resident participation, CCI efforts are seen as an intrusion and illegitimate, resulting in community change plans that are shallow and do not meet residents needs and desires. One participant summarizes it best:

“Its [resident participation is] imperative and absolutely necessary. What you get in raw data or secondary data or primary data in of itself does not tell the whole story and you need people to be engage in a meaningful way to understand their problems and get solutions. Often times people’s issues are more complex than what’s on the surface. Residents participate if you to talk to and listen to them then you find out what the issues are. If you talk to and listen to them then the outcomes and strategies would be more effective.”

Public administrators and practitioners agree that residents were ready for community change. There is an observed dilemma between resident readiness and involvement because although they agree that residents were ready for change (68%), less than half (46%) agree that residents consistently participated in CCI activities and even less (35%) agree that residents are capable of leading a CCI. During interviews and within responses to open-end questions public administrators and practitioners express concern about the lack of resident participation and with their inability to engage residents meaningfully in CCI processes.

Time commitment is a barrier to resident involvement and time constraints is a barrier or challenge for resident engagement. As mentioned earlier, residents' daily responsibilities such as caregiving, whether for their kids or an adult family member and socio-economic challenges leaves them little time to attend CCI meetings. One respondent summarized it perfectly, "in very poor neighborhoods, resident community involvement is limited because folks are spending their energies on day to day challenges like food, transportation, access to health care, etc."

Beyond meeting daily challenges, residents experiencing poverty or any other scarcity have limited bandwidth, as discussed earlier. This impacts their capacity to lead. Only a third of respondents agreed that resident had the capacity to lead. As stated by one respondent, "while we had some residents who engaged substantively, most others did not have the capacity or time to commit to the effort of the length of time necessary to implement change". This demonstrates that although residents have a desire to improve the community, they are unable to do so due to the comprehensive nature of traditional CCIs. According to interviewees, targeting and discussing several socio-economic issues can be off-putting to low-income residents who might not feel knowledgeable or empowered to contribute to the CCI and/or might be embarrassed to speak up during meetings. When discussing the impact of the comprehensive nature of CCIs has on resident participation, public administrators and practitioners had the following comments:

"Addressing issues separately helps because it gets people who are interested in that one topic to come out."

Another commented:

“Because CCI’s touch so many things at one time, it could be a hindrance to residents participating” and “it makes it harder for participants to see the real potential when it includes everything. It’s too big.”

One explained:

“... sometimes it can be overwhelming. When things are so broad and comprehensive people tend to grab on to one thing, whether it is crime, housing, transportation. It can be glamorous to try to do it all, but it can be a lot for people.”

Another explained:

“... because they [residents] think it is not doable. This is because everything is happening at the same time and seems too big. And can be too splintered.”

These comments highlight the perceived negative affect that a traditional CCI has on residents’ ability to participate in CCIs and helps explain why 92% indicated that a single-factor CCI would have a positive impact on resident involvement. It is important to note that one of the most frequently selected or identified barriers, lack of resident participation (engagement and empowerment), pertain to the same elements that are perceived as being improved with single-factor CCIs. During interviews, public administrators and practitioners suggest that targeting a single socio-economic issue would eliminate the complexity of tackling several socio-economic issues and therefore reduce the length and frequency of meetings that multi-factor CCIs often necessitate.

Resident disenfranchisement was discussed by interviewees as a challenge to the development and implementation of CCIs. When discussing the impact of the comprehensiveness of CCIs on resident participation, one interviewee stated that “a

general apathy and disenfranchisement are greater obstacles than having the subject matter more complex.” Residents often do not engage in CCIs due to a history of marginalization that causes residents to feel as though they do not have the power or knowledge to contribute or that their contributions will be ignored or trivialized. Disenfranchisement is also the result of community organizations or staff not following through with promised plans or making relevant changes. This can produce distrust, cynicism, and as stated by one interviewee, a “. . . beaten down attitude of “we’ve been here before” or “what’s the difference this time.”” The following are additional comments:

“People with low income or education levels might not have the confidence to participate or feel like they will be heard. They might have the belief that it doesn’t matter if they contribute because they will not be taken seriously.”

And, another commented:

“Resident see it as a bunch of people [staff] doing something to me and not for me. They feel as though they will be not heard. . . . They don’t participant because they might feel they don’t have the ability to contribute.”

A third said:

“Residents got tired and/or cynical of meetings and stopped attending”

Whether lack of power, knowledge, or trust, disenfranchisement separates residents from their power and contributes to their belief that their contributions do not matter which furthers resident non-participation. Resident disenfranchisement could be perceived as status quo since one of the effects of disenfranchisement, resident non-participation, is similar to the perception of residents succumbing to or maintaining the status quo.

A few public administrators and practitioners mentioned status quo or apathy when discussing resident non-participation. Some residents might be content with their current social and economic status, but this is not the case for most. Both time constraints and disenfranchisement were discussed as barriers to resident participation. These barriers can also be perceived as residents being unwilling to change the status quo or being apathetic towards CCIs. Noted earlier and elaborated on in the response below, low-income residents coping with day-to-day life challenges do not have the ability to engage meaningfully:

“There can be limited time and energy to become immersed in a process which often leads to judgement by outside organizations that there isn't a willingness to engage in the work. Untrue, there are just real-life challenges to becoming engaged that are often go overlooked by those speaking from a place of privilege.”

Maslow's hierarchy of needs explains the perception of status quo or apathy among residents, specifically with reference to the attainment or maintenance of the safety need. Residents who do not want to upturn their community or rock the boat could feel as though their sense of safety and stability are threatened, even if what is “stable” is not self-affirming, productive, safe, or healthy. A survey respondent explained that “. . . some residents were fearful that change would not be beneficial” to them and another mentioned residents’ “. . . concern about displacement [and] increases in rent.” There are also concerns of retaliation. For example, residents that live in a dilapidated and unsafe building might resist participating in meetings because they are fearful that the landlord would find out and evict them. Another example is that residents who live in a high

crime neighborhood might be genuinely concerned that they will be targeted if they attend meetings. These fears might be manifested as resident non-participation and interpreted as status quo. As discussed in the literature review, there are two human motivators; need gratification and threat of need deprivation. At play regarding the perception of status quo and apathy is the threat of need deprivation.

#### Implications for Community Change and Development

Maslow's hierarchy of needs is beneficial and applicable to community change work. Implications of Maslow's theory of motivation on community change and development are found within research and study results. Maslow's theory and hierarchy of needs point to societal consequences attributable to individuals' lack of social and economic ambition and achievement due to fixation. Maslow's theory also points to community consequences that improve society such as social and cultural altruism due to individuals' quest for self-actualization.

Embedded within his theory and explored separately are the impact of fixation and scarcity in decision making. Fixation on unmet needs and the condition of scarcity drive individuals' social and economic decisions which in turn affect society. An individual's decision regarding social goals such as educational achievement and economic goals such as career ambitions, either supports a community's economic progress or fuels its decline. Through understanding human motivations and how individuals fixate on unmet needs, public administrators and practitioners will approach community change work with a new perspective and be better equipped to engage residents in CCIs. The structure and systematic attainment of needs outlined in Maslow's

theory, is adaptable to CCI frameworks. HOCN framework proposed in Chapter 1 is a systematic approach that incorporates Maslow's hierarchy of needs.

Public administrators and practitioners perceive the HOCN framework as a useful CCI framework to address socio-economic distress and improve community well-being. Public administrators and practitioners prefer to target and build on the achievement of lower-level community needs prior to targeting higher level needs and have a desire to effect change one socio-economic level at time. Consensus between research literature reviewed and present study findings support the use of HOCN as a CCI framework.

#### Application in Community Change

Research demonstrates pragmatic applications of Maslow's hierarchy of needs in community change work. The HOCN is a place-based CCI framework that identifies community needs and community activity level based on Maslow's theory. Public administrators and practitioners perceive HOCN as a useful CCI framework.

As discussed in Chapter 3, this study is informed by statistical action research (SAR). SAR is employed here as a set of procedures for the application of HOCN as outlined by Durcikova, et al. (2018). The goal is to apply the findings derived from field work engagement to the development and application of the HCON framework.

Development is undertaken, primarily, as part of the second and third components of the diagnosing stage. During development the underling theory, Maslow's hierarchy of needs, operationalizes as the statistical model HCON. HOCN is then "fitted to the local situation [tailored to the community's needs] and a baseline is established with pre-intervention data" (Durcikova, Lee, & Brown, 2018, p. 247). The establishment of a baseline align with interviewees' view that "CCIs should intervene at the level they

[residents] are at” and not get ahead of the community’s need by focusing on a higher-level need such as building parks (interviewees mentioned parks as an example a couple of times) when residents are focused on basics such as their next meal or safe housing. In the case of HCON, pre-intervention data are socio-economic metrics such as poverty level, education attainment, unemployment rate, crime rate, etc.

HCON would be further developed within the action planning stage. In this stage the level of intervention is established. For the purposes of HCON, Sirgy’s human development perspective calculations will be used as a method to determine the level of intervention within the hierarchy of needs (1986). Sirgy’s human development perspective calculates the level of need satisfaction and level of serving needs within a community. These calculations determine quality of life (QOL) as depicted on Maslow’s hierarchy of needs. The QOL equations use pre-intervention data (socio-economic metrics) and population to determine the level of individual intervention. The calculations are also beneficial to the establishment of QOL goals and guide the development of objectives within this stage. The calculations also inform decisions on the level of community capital and societal institutions necessary to address those needs and support attainment of QOL goals. A graphic of Sirgy’s A Human Developmental Perspective of Quality of Life (Figure 1) and QOL calculations are found in Chapter 2. In addition to Sirgy’s QOL equation, D’Souza and Gurin’s *Need-Based Activity Chart for Self-Actualization* (2016) will be adapted for HCON.

D’Souza and Gurin’s (2016) individual developmental activity chart (Chart 1), with modification, would determine the level of community intervention. The modified chart below (Chart 2) provides a guideline for the level activity necessary for community

change and illustrates communities' transition from basic needs to fulfillment of higher-level needs. The chart describes the amount of time and resources required by public administrators and partners to achieve stability on one level of the community needs hierarchy. The chart also demonstrates time and resource requirements as distressed communities move through four community development lifecycle stages of surviving, growing, sustaining, and thriving. As depicted in the chart 2, distressed communities' physiological and safety time and resource requirements are higher.

Chart 2: *Community Development Lifecycle*

			Distressed			Affluent
Need Type		Need	Surviving	Growing	Sustaining	Thriving
D-needs	Survive	Physiological	High	Medium	Medium	Low
		Safety	High	Medium	Low	Low
	Grow	Love and Belonging	Low	Medium	High	Low
	Sustain	Esteem	Low	High	High	Medium
B-needs	Thrive	Self-Actualization	Low	Low	Medium	High

D-needs = deficient needs; B-needs = being needs

Adopted from The Universal Significance of Maslow's Concept of Self-Actualization

Once residents' needs are determined, needs can be graded between low and high in accordance with the developmental activity chart and translated to the level of activities needed for community intervention and to satisfy community needs.

Application and evaluation of HCON will take place in the action taking and the evaluating stages, respectively. Implementation of HCON would occur during the action taking stage wherein intervention would take place. Evaluation of HCON involves a comparative analysis of pre-intervention against post-intervention data. Depending on the intervening level—the level and size of the need—and given the complexity of certain needs, the action taking stage might be extensive and lengthy. The extent and length of the action taking stage might prolong the evaluating stage and warrant an evaluation of socio-economic metrics over a longer period of time. This would capture nuanced changes over a short period of time as well as larger observations to inform the evaluation.

The last stage, specifying learning, is important to the development of the HCON as an effective CCI framework. In this stage, “the researcher reviews the statistical model to see if any changes in it or its underlying theory are warranted” (Durcikova, et al., 2018, p. 247). In this stage the researcher reviews and analyzes data to interpret and understand HCON’s impact on resources and outcomes.

#### Recommendations for Future Research

Literature on public administrators’ and practitioners’ CCI preference and usefulness among and between CCI frameworks was not found and therefore this study’s research could not be interpreted against comparable or divergent research. Further assessment of the experiences and views of those who work in community change and development is needed. Assessment would provide greater insight into practical aspects of community change frameworks and organizational and resident impact.

Contradictions within study results give insight into differences between theoretical concepts accepted by public administrators and practitioners and practical application in the field. These results elicit the following question: Are public administrators and practitioners conditioned to believe that traditional comprehensive CCIs are more effective and have long-term success but experience a different reality in the field? Research to explore whether public administrators' and practitioners' actions (field work) corroborate their stance that traditional multi-factor CCIs are effective is needed.

It is suggested in the literature that CCI are an effective method to improve community well-being. Empirical research on CCI effectiveness is sparse. Literature can be found exploring and describing the effectiveness of single-factor CCIs such as affordable housing, poverty, education, and healthcare but empirical data on effectiveness or long-term success of CCIs is not found. This leaves a gap between the theoretical effectiveness of CCIs in improving community well-being and the practical evidence in field work. Further research on the effectiveness of traditional CCIs is needed. A good starting point is the Choice Neighborhood Initiatives grants. Analyzing poverty rates, unemployment rates, and education levels of those communities prior to and after grant completion would provide data on the effect of CCIs. Through tracking this data over time in a longitudinal study, researchers would be able to test whether resident and/or community improvements occurred due to CCIs and determine the length of time it took for improvements to be realized. Results will inform decision-making and policymaking.

## Conclusion

This study sought to examine public administrators' and practitioners' CCI experience and perceptions of CCIs, assess the need and desire for a CCI framework that targets and builds on the achievement of lower-level community needs prior to targeting higher-level needs, and develop a Hierarchy of Community Needs (HOCN) framework based on Maslow's hierarchy of needs. Revealed in this study are the difficulties public administrators and practitioners experience in the development and implementation of CCIs in communities in which residents' basic needs are not met.

Results confirm that the pressure of participating in community planning and attaining a higher level of well-being can overwhelm residents and leave them feeling unable to meet the challenge. Results also confirm that the scale and scope of CCIs can strain staff and organizational infrastructure and affect their capacity to support and lead CCIs. This finding supports this study's theory which in part posits that CCIs dilute available resources and place an increased demand on staff and stakeholders. Results support the development of the HOCN framework as a method to improve community well-being. Research shows that Maslow's theory has implications for both individuals and communities and reveals a connection between individual need attainment and community well-being.

Coping with scarcity and day-to-day responsibilities and fixating on unmet needs limits resident participation and reduces residents' bandwidth. Residents are experiencing hardships and challenges that prevent them from engaging in CCIs and organizations do not have the capacity to carry out CCIs effectively. Due to the cause and cure dynamic experienced in distressed communities and inability of residents to

focus on the future in the face of current socio-economic deficits, public administrators and practitioners see the benefits of a CCI that builds on the achievement of meeting basic resident/community needs such as those identified within the HOCN CCI framework.

Whether residents do not have the time or capacity to participate, are disenfranchised, or are susceptible to status quo, resident non-participation produces a CCI that does not meet residents' needs and desires or have their buy-in. This negatively impacts CCI outcomes and success. As noted earlier, administrators and practitioners perceive single-factor CCIs such as HOCN as having a more positive impact on resident involvement than traditional multi-factor CCIs.

Public administrators and practitioners believe that focusing on a single-issue as with the HOCN CCI framework would be useful. A limited focus would pique residents' interest in that one socio-economic issue and reduce the amount of time residents would be asked to commit to CCI meetings and activities. The intentional and narrow focus of the HOCN framework reduces the number of meetings and limits socio-economic issues being addressed during meetings which will alleviate time commitment barriers. HOCN's singular focus yields the time necessary to empower residents and increase their capacity to lead CCIs. HOCN, due to its potential to reduce time commitment barriers and empower residents, should increase resident participation.

Foundational to CCIs is the principal concept that they are effective community development tools that improves community well-being. CCI effectiveness and techniques to improve effectiveness are discussed and championed by researchers throughout the community change literature as a community development tool that

improves community well-being. Indicated through their overwhelming agreement, public administrators and practitioners endorse the theoretical effectiveness of CCIs. However, this endorsement does not align with what is happening during CCI development and implementation. There is little research assessing the underlining theory of CCI frameworks and their perceived effectiveness which leaves a gap between theory and practice. Present research indicates that resource and capacity issues require public administrators and practitioners to dissect traditional CCIs into smaller and more manageable pieces. This finding indicts traditional CCIs are, in practice, ineffective. Additional research is needed to examine and provide empirical evidence of CCI effectiveness.

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APPENDIX A:

Choice Neighborhoods Planning and Implementation Grantees

## Choice Neighborhoods Planning Grantee List

March 2018

	Project State	Project City	FY Awarded	Lead Grantee	Target Housing	Target Neighborhood	Grant Amount
1	AL	Mobile	2014	Mobile Housing Board	Roger Williams Homes	Three Mile Trace	\$375,000
2	AL	Mobile	2014	Mobile Housing Board	Thomas James Place	Thomas James Place	\$457,500
3	AR	Little Rock	2011	Housing Authority of the City of Little Rock	Sunset Terrace and Elm Street	Southeast of Downtown	\$300,000
4	AZ	Phoenix	2015-2016	City of Phoenix	Sidney P. Osborn Homes, A.L. Krohn Homes, and Frank Luke Homes	Edison-Eastlake	\$1,500,000
5	CA	Los Angeles	2013	Youth Policy Institute	Las Palmas Gardens and Castle Argyle Apartments	Los Angeles	\$500,000
6	CA	Los Angeles	2017	Housing Authority of the City of Los Angeles	Rancho San Pedro and Rancho San Pedro Extension	Barton Hill - Downtown San Pedro	\$1,300,000
7	CA	Sacramento	2013	Housing Authority of Sacramento	Alder Grove and Marina Vista	Upper Land Park - Broadway	\$500,000
8	CA	Sacramento	2011	Housing Authority of the County of Sacramento	Twin Rivers	River District-Railyards	\$300,000
9	CA	San Francisco	2012	BRIDGE Housing Corporation	Potrero Terrace and Potrero Annex	South Potrero	\$300,000
10	CA	San Francisco	2012	Sunnydale Development Co., LLC	Sunnydale-Velasco	Sunnydale/ Visitacion Valley	\$300,000
11	CO	Denver	2013	Housing Authority of the City and County of Denver	Sun Valley Homes and Annex	Sun Valley	\$500,000
12	CT	Meriden	2013	Housing Authority of the City of Meriden	Mills Memorial Apartments	Mills Memorial Apartments	\$500,000
13	CT	Norwalk	2010	Housing Authority of the City of Norwalk	Washington Village	South Norwalk	\$250,000
14	DC	Washington	2012	District of Columbia Housing Authority	Barry Farm Dwellings and Wade Apartments	Barry Farm	\$300,000
15	DC	Washington	2011	District of Columbia Housing Authority	Kenilworth Courts and Kenilworth Parkside Resident Management Corporation units	Parkside-Kenilworth	\$300,000
16	FL	Dade City	2012	County of Pasco	Cypress Villas II	Lacoochee-Trilby	\$300,000
17	FL	Opa-locka	2011	Opa-locka Community Development Corporation	The Gardens	Nile Gardens	\$300,000

## Choice Neighborhoods Planning Grantee List

March 2018

	Project State	Project City	FY Awarded	Lead Grantee	Target Housing	Target Neighborhood	Grant Amount
18	FL	Sanford	2015-2016	Sanford Housing Authority	Castle Brewer Court (including William Clark Court), Edward Higgins Terrace (including Cowan Moughton Terrace), and Lake Monroe Terrace	Goldsboro	\$500,000
19	GA	Albany	2010	Housing Authority of the City of Albany	McIntosh Homes	West Central Albany	\$250,000
20	GA	Atlanta	2010	Housing Authority of the City of Atlanta	University Homes	Atlanta University Center	\$250,000
21	GA	Savannah	2011	Housing Authority of Savannah	Robert Hitch Village and Fred Wessels Homes	East Savannah Gateway	\$300,000
22	HI	Honolulu	2012	The Michaels Development Company I, L.P.	KPT low rises and Kuhio Homes	Kuhio Park	\$300,000
23	IL	Chicago Heights	2017	Housing Authority of Cook County	Sunrise Manor	East Side (use "Downtown-Eastside")	\$350,000
24	IL	Rockford	2011	Rockford Housing Authority	Fairgrounds Valley	Fairgrounds/ Ellis Heights	\$300,000
25	IN	Gary	2014	City of Gary	Colonial Gardens #1 and #2	University Park East	\$500,000
26	KY	Louisville	2014	Louisville Metro Housing Authority	Beecher Terrace	Russell	\$425,000
27	KY	Louisville	2015-2016	Louisville Metro Housing Authority	Beecher Terrace	Russell	\$1,000,000
28	LA	Baton Rouge	2013	City of Baton Rouge/Parish of East Baton Rouge	Ardenwood Village	Melrose East-Smiley Heights	\$500,000
29	LA	Shreveport	2010	Northwest Louisiana Council of Governments	Jackson Heights and Galilee Majestic Arms	Allendale and Ledbetter Heights	\$250,000
30	LA	Shreveport	2015-2016	City of Shreveport	Naomi Jackson Heights	Allendale/ Ledbetter Heights/ West Edge	\$1,000,000
31	MA	Boston	2012	Boston Housing Authority	Whittier Street Apartments	Whittier	\$300,000
32	MA	Springfield	2011	City of Springfield	Marble Street Apartments, Concord Heights, and Hollywood Apartments I & II	South End	\$300,000

## Choice Neighborhoods Planning Grantee List

March 2018

	Project State	Project City	FY Awarded	Lead Grantee	Target Housing	Target Neighborhood	Grant Amount
33	MD	Baltimore	2010	Jubilee Baltimore, Inc.	Pedestal Gardens	Central West Baltimore	\$213,000
34	ME	Lewiston	2017	City of Lewiston	Maple Knoll Development	Downtown/Tree Streets	\$1,300,000
35	MI	Flint	2014	City of Flint	Atherton East	South Saginaw	\$500,000
36	MO	Kansas City	2010	Housing Authority of the City of Kansas City	Chouteau Courts	Paseo Gateway	\$250,000
37	MO	St. Louis	2014	Urban Strategies, Inc.	O'Fallon Place	Near North Side	\$500,000
38	MO	Wellston	2013	County of St. Louis	Wellston public housing	North Wellston	\$474,000
39	MS	Meridian	2011	Housing Authority of the City of Meridian	George Reese Court	East End	\$242,500
40	NC	Durham	2012	Housing Authority of the City of Durham	McDougald Terrace	Southeast Central	\$300,000
41	NC	New Bern	2013	Housing Authority of the City of New Bern	Craven Terrace and Trent Court	Greater Five Points	\$400,000
42	NC	Salisbury	2010	Housing Authority of the City of Salisbury	Civic Park Apartments	West End	\$170,000
43	NC	Wilmington	2010	Housing Authority of the City of Wilmington	Hillcrest	Southside	\$200,000
44	NC	Wilson	2011	Housing Authority of the City of Wilson	Whitfield Homes	Center City	\$200,000
45	NC	Winston-Salem	2013	Housing Authority of the City of Winston-Salem	Cleveland Avenue Homes	Cleveland Avenue	\$500,000
46	NJ	Asbury Park	2015-2016	Asbury Park Housing Authority	Lincoln Village	West Side	\$500,000
47	NJ	Camden	2012	Housing Authority of the City of Camden	Clement T. Branch Village and J. Allen Nimmo Court	Mt. Ephraim Corridor	\$300,000
48	NJ	Jersey City	2010	Jersey City Housing Authority	Montgomery Gardens	McGinley Square – Montgomery Corridor	\$250,000
49	NJ	Newark	2012	Newark Housing Authority	Seth Boyden Terrace	Dayton Street	\$300,000
50	NV	North Las Vegas	2014	City of North Las Vegas	Rose Gardens	Urban Core	\$485,000
51	NY	Buffalo	2010	Buffalo Municipal Housing Authority	Perry Homes	Perry	\$250,000
52	NY	New York	2012	New York City Housing Authority	Betances	Mott Haven (Bronx)	\$300,000
53	NY	Yonkers	2012	Municipal Housing Authority for the City of Yonkers	Cottage Gardens	Croton Heights/ Cottage Place Gardens	\$300,000

## Choice Neighborhoods Planning Grantee List

March 2018

	Project State	Project City	FY Awarded	Lead Grantee	Target Housing	Target Neighborhood	Grant Amount
54	OH	Cincinnati	2011	Cincinnati Metropolitan Housing Authority	English Woods	Fairmount	\$201,844
55	OH	Cleveland	2011	Cuyahoga Metropolitan Housing Authority	Cedar Extension	Central Choice	\$300,000
56	OH	Cleveland	2017	Cuyahoga Metropolitan Housing Authority	Woodhill Homes	Woodhill")	\$350,000
57	OH	Columbus	2011	Columbus Metropolitan Housing Authority	Poindexter Village	Near East Side	\$300,000
58	OH	Dayton	2015-2016	Greater Dayton Premier Management	DeSoto Bass Courts and Hilltop Homes	DeSoto Bass	\$1,500,000
59	OK	Tulsa	2010	Community Action Project of Tulsa County, Inc.	Brightwaters Apartment Complex	Eugene Field	\$250,000
60	PA	Philadelphia	2013	Philadelphia Housing Authority	Norman Blumberg Apartments	Sharswood/Blumberg	\$500,000
61	PA	Philadelphia	2010	Mt. Vernon Manor, Inc.	Mt. Vernon Manor Apartments	Mantua	\$250,000
62	PA	Philadelphia	2017	Philadelphia Housing Authority	Bartam Village	Kingsessing	\$1,300,000
63	PA	Pittsburgh	2015-2016	Housing Authority of the City of Pittsburgh	Bedford Dwellings	Bedford Dwellings/Hill District	\$500,000
64	RI	Providence	2010	Providence Housing Authority	Manton Heights	Olneyville	\$250,000
65	RI	Woonsocket	2012	The Woonsocket Neighborhood Dev. Corp. d/b/a NeighborWorks	Veterans Memorial Housing Development	Our Neighborhoods' Planning District	\$300,000
66	SC	Columbia	2012	Housing Authority of the City of Columbia	Allen Benedict Court and Gonzales Gardens	East Central Columbia	\$250,000
67	SC	Spartanburg	2012	Housing Authority of the City of Spartanburg	Archibald Rutledge Highrise and Oakview Apartments	Northside	\$300,000
68	TN	Jackson	2010	Jackson Housing Authority	Allenton Heights	Allenton Heights	\$167,000
69	TN	Kingsport	2012	Kingsport Housing & Redevelopment Authority	Robert E. Lee Apartments	Midtown	\$300,000
70	TN	Memphis	2010	Memphis Housing Authority	Foote Homes	Vance Avenue Neighborhood	\$250,000
71	TN	Nashville	2015-2016	Metropolitan Development and Housing Authority	JC Napier Homes and Tony Sudekum Homes	Napier/Sudekum	\$500,000
72	TX	Austin	2012	Housing Authority of the City of Austin	Rosewood Courts	Rosewood	\$300,000

Choice Neighborhoods Planning Grantee List

March 2018

	Project State	Project City	FY Awarded	Lead Grantee	Target Housing	Target Neighborhood	Grant Amount
73	TX	Brownsville	2015-2016	Housing Authority of the City of Brownsville	Buena Vida	Buena Vida	\$500,000
74	TX	San Antonio	2010	San Antonio Housing Authority	Wheatley Courts	Eastside	\$250,000
75	VA	Newport News	2015-2016	City of Newport News	Ridley Place	Marshall/Ridley	\$500,000
76	VA	Norfolk	2010	Norfolk Redevelopment and Housing Authority	Tidewater Park Gardens	Expanded St. Paul's Area	\$250,000
77	VA	Roanoke	2012	City of Roanoke Redevelopment and Housing Authority	Lansdown Park and Melrose Towers	Loudon-Melrose/Shenandoah West	\$200,000
78	VA	Suffolk	2011	Suffolk Redevelopment and Housing Authority	Parker Riddick and Cypress Manor	East Washington Street	\$255,656
79	WV	Huntington	2017	City of Huntington	Northcott Court	Fairfield	\$350,000
Choice Neighborhoods Planning Grant Funding Awarded:							\$33,116,500

**Choice Neighborhoods Implementation Grantees**

	<b>Award Year(s)</b>	<b>Project Location</b>	<b>Existing Public and/or Assisted Housing Site</b>	<b>Neighborhood / Area of Town</b>	<b>Lead Applicant</b>	<b>Amount Funded</b>
1	2010/11	Boston, MA	Woodledge/Morrant Bay Apartments	Dorchester	City of Boston	\$20,500,000.00
2	2010/11	Chicago, IL	Grove Parc Plaza Apartments	Woodlawn	Preservation of Affordable Housing, Inc.	\$30,500,000.00
3	2010/11	New Orleans, LA	Iberville	Iberville/Treme	Housing Authority of New Orleans	\$30,500,000.00
4	2010/11	San Francisco, CA	Alice Griffith	Eastern Bayview	McCormack Baron Salazar, Inc.	\$30,500,000.00
5	2010/11, 2012	Seattle, WA	Yesler Terrace	Yesler	Housing Authority of the City of Seattle	\$30,000,000.00
6	2012	Cincinnati, OH	Alameda Apts., Crescent Court Apts., Poinciana Apts., Maple Apts., and Somerset Apts.	Avondale	The Community Builders, Inc.	\$29,500,000.00
7	2012	San Antonio, TX	Wheatley Courts	Eastside	San Antonio Housing Authority	\$29,750,000
8	2012	Tampa, FL	Central Park Village	Central Park/Ybor	Housing Authority of the City of Tampa	\$30,000,000
9	2013	Columbus, OH	Poindexter Village	Near East Side	Columbus Metropolitan Housing Authority	\$29,700,000
10	2013	Norwalk, CT	Washington Village	South Norwalk	Housing Authority of the City of Norwalk	\$30,000,000
11	2013	Philadelphia, PA	Norris Apartments	North Central Philadelphia	City of Philadelphia, Office of Housing and Community Development	\$30,000,000
12	2013	Pittsburgh, PA	Hamilton-Larimer, East Liberty Garden Apartments	Larimer/East Liberty	Housing Authority of the City of Pittsburgh	\$30,000,000
13	2014/15	Atlanta, GA	University Homes	Atlanta University Center Consortium/ Ashview Heights/ Vine City	Atlanta Housing Authority	\$30,000,000
14	2014/15	Kansas City, MO	Chouteau Courts	Paseo Gateway	Housing Authority of Kansas City	\$30,000,000
15	2014/15	Memphis, TN	Foote Homes	South City	Memphis Housing Authority	\$29,750,000
16	2014/15	Milwaukee, WI	Westlawn	Westlawn	City of Milwaukee	\$30,000,000
17	2014/15	Sacramento, CA	Twin Rivers	River District/ Railyards	Housing Authority of the County of Sacramento	\$30,000,000
18	2016	Boston, MA	Whittier	Whittier / Roxbury	Boston Housing Authority	\$30,000,000
19	2016	Camden, NJ	Clement T. Branch Village	Mt. Ephraim South Corridor	Housing Authority of the City of Camden	\$13,245,927
20	2016	Denver, CO	Sun Valley Homes	Sun Valley	Housing Authority of the City and County of Denver	\$30,000,000
21	2016	Louisville, KY	Beecher Terrace	Russell	Louisville Metro Housing Authority	\$29,575,000
22	2016	St. Louis, MO	Preservation Square / O'Fallon Place	Near North Side	City of St. Louis	\$29,500,000
<b>Total Investment:</b>						<b>\$633,020,927</b>

APPENDIX B:

Partners List

Partners List

<b>Grant</b>	<b>Type</b>	<b>Organization</b>	<b>Neighborhood</b>
CNI	Partner	Dorchester Bay Economic Development Corporation	Dorchester
CNI	Partner	Quincy Geneva	Dorchester
CNI	Partner	Community Development Corporation	Dorchester
CNI	Partner	Boston Public Schools	Dorchester
CNI	Partner	Dudley Street Neighborhood Initiative	Dorchester
CNI	Partner	Project R.I.G.H.T.	Dorchester
CNI	Partner	SGA Youth and Family Services	Woodlawn
CNI	Partner	POAH Communities	Woodlawn
CNI	Partner	Network of Woodlawn (formerly New Communities Program)	Woodlawn
CNI	Partner	Woodlawn Children's Promise Community	Woodlawn
CNI	Partner	University of Chicago	Woodlawn
CNI	Partner	HRI Properties	Iberville/Treme
CNI	Partner	McCormack Baron Salazar	Iberville/Treme
CNI	Partner	Urban Strategies, Inc.	Iberville/Treme
CNI	Partner	Recovery School District	Iberville/Treme
CNI	Partner	Workforce Investment Authority	Iberville/Treme
CNI	Partner	Covenant House	Iberville/Treme
CNI	Partner	Tulane Community Health Clinic	Iberville/Treme
CNI	Partner	New Orleans Police Department	Iberville/Treme
CNI	Partner	Youth Empowerment Project	Iberville/Treme
CNI	Partner	Total Community Action	Iberville/Treme
CNI	Partner	YMCA	Iberville/Treme
CNI	Partner	CP Development Company/Lennar Urban	Eastern Bayview
CNI	Partner	Urban Strategies, Inc.	Eastern Bayview
CNI	Partner	San Francisco Unified School District	Eastern Bayview
CNI	Partner	City of San Francisco	Eastern Bayview
CNI	Partner	City of Seattle	Yesler
CNI	Partner	King County	Yesler
CNI	Partner	Seattle University	Yesler
CNI	Partner	Yesler Terrace Citizens Review Committee	Yesler
CNI	Partner	Neighborcare Health Neighborhood House	Yesler
CNI	Partner	Harborview Medical Center	Yesler
CNI	Partner	Swedish Medical Center	Yesler
CNI	Partner	Historic Seattle	Yesler
CNI	Partner	Seattle Public Schools	Yesler
CNI	Partner	Seattle Department of Transportation	Yesler
CNI	Partner	Seattle Parks and Recreation Department	Yesler
CNI	Partner	Workforce Development Council	Yesler
CNI	Partner	Retail Lockbox	Yesler
CNI	Partner	Seattle Central College	Yesler
CNI	Partner	The Urban League of Greater Cincinnati	Avondale
CNI	Partner	Cincinnati Public Schools	Avondale
CNI	Partner	Avondale Comprehensive Development Corporation	Avondale
CNI	Partner	Center for Closing the Health Gap	Avondale

Partners List

<b>Grant</b>	<b>Type</b>	<b>Organization</b>	<b>Neighborhood</b>
CNI	Partner	City of San Antonio	EastPoint (formerly Eastside)
CNI	Partner	McCormack Baron Salazar	EastPoint (formerly Eastside)
CNI	Partner	Urban Strategies, Inc.	EastPoint (formerly Eastside)
CNI	Partner	United Way of San Antonio and Bexar County (Eastside Promise Neighborhood)	EastPoint (formerly Eastside)
CNI	Partner	Central Park Development Group	Central Park/Ybor
CNI	Partner	City of Tampa	Central Park/Ybor
CNI	Partner	School District of Hillsborough County	Central Park/Ybor
CNI	Partner	Hillsborough Community College	Central Park/Ybor
CNI	Partner	Tampa Bay Workforce Alliance	Central Park/Ybor
CNI	Partner	University of South Florida	Central Park/Ybor
CNI	Partner	Bank of America CDC	Central Park/Ybor
CNI	Partner	City of Columbus	Near East Side
CNI	Partner	McCormack Baron Salazar	Near East Side
CNI	Partner	Urban Strategies, Inc.	Near East Side
CNI	Partner	Columbus City Schools	Near East Side
CNI	Partner	Partners Achieving Community Transformation	Near East Side
CNI	Partner	The Ohio State University	Near East Side
CNI	Partner	Columbus Urban League	Near East Side
CNI	Partner	Columbus Neighborhood Health Center Inc.	Near East Side
CNI	Partner	Central Ohio Workforce Investment Corporation	Near East Side
CNI	Partner	IMPACT Commu-nity Action	Near East Side
CNI	Partner	Franklin Park Conservatory	Near East Side
CNI	Partner	Community Properties of Ohio	Near East Side
CNI	Partner	Columbus Early Learning Centers	Near East Side
CNI	Partner	National Church Residences	Near East Side
CNI	Partner	YMCA of Central Ohio	Near East Side
CNI	Partner	Economic and Community Development Institute	Near East Side
CNI	Partner	Homeport	Near East Side
CNI	Partner	Trinity Financial	South Norwalk
CNI	Partner	Housing Opportunities Unlimited	South Norwalk
CNI	Partner	Stepping Stones Museum for Children	South Norwalk
CNI	Partner	Norwalk Com-munity College	South Norwalk
CNI	Partner	Norwalk ACTS	South Norwalk
CNI	Partner	City of Norwalk	South Norwalk
CNI	Partner	Career Resources, Inc.	South Norwalk
CNI	Partner	Community Health Center, Inc.	South Norwalk
CNI	Partner	Norwalk Community Health Center	South Norwalk
CNI	Partner	Jonathan Rose Companies	North Central Philadelphia
CNI	Partner	Asociación Puertor-riqueños en Marcha, Inc.	North Central Philadelphia
CNI	Partner	Temple University	North Central Philadelphia

Partners List

<b>Grant</b>	<b>Type</b>	<b>Organization</b>	<b>Neighborhood</b>
CNI	Partner	Local Initiatives Support Corporation	North Central Philadelphia
CNI	Partner	Philadelphia Housing Development Corporation	North Central Philadelphia
CNI	Partner	Philadelphia Police De-partment	North Central Philadelphia
CNI	Partner	Pennsylvania Horticultural Society	North Central Philadelphia
CNI	Partner	Philadelphia Health Management Corporation	North Central Philadelphia
CNI	Partner	United Way	North Central Philadelphia
CNI	Partner	Philadelphia School District	North Central Philadelphia
CNI	Partner	PhillyGoes2College	North Central Philadelphia
CNI	Partner	YouthBuild	North Central Philadelphia
CNI	Partner	McCormack Baron Salazar	Larimer/East Liberty
CNI	Partner	Urban Strategies, Inc.	Larimer/East Liberty
CNI	Partner	Urban Redevelopment Authority	Larimer/East Liberty
CNI	Partner	Pittsburgh Public Schools	Larimer/East Liberty
CNI	Partner	Larimer Consensus Group	Larimer/East Liberty
CNI	Partner	Kingsley Association	Larimer/East Liberty
CNI	Partner	East Liberty Development, Inc.	Larimer/East Liberty
CNI	Partner	East Liberty Housing, Inc.	Larimer/East Liberty
CNI	Partner	KBK Enterprises	Larimer/East Liberty
CNI	Partner	Three Rivers Workforce Investment Board	Larimer/East Liberty
CNI	Partner	Repair the World	Larimer/East Liberty
CNI	Partner	Pittsburgh Water and Sewer Authority	Larimer/East Liberty
CNI	Partner	The New App for Making It In America	Larimer/East Liberty
CNI	Partner	The Pittsburgh Promise	Larimer/East Liberty
CNI	Partner	The University of Pittsburgh	Larimer/East Liberty
CNI	Partner	PSO Housing Company, LLC	Perkins, Somerset & Oldtown Neighborhoods
CNI	Partner	Urban Strategies	Perkins, Somerset & Oldtown Neighborhoods
CNI	Partner	Maryland Insti-tute College of Art	Perkins, Somerset & Oldtown Neighborhoods
CNI	Partner	Maryland New Directions	Perkins, Somerset & Oldtown Neighborhoods
CNI	Partner	Office of Employment Development	Perkins, Somerset & Oldtown Neighborhoods
CNI	Partner	Open Society Institute	Perkins, Somerset & Oldtown Neighborhoods
CNI	Partner	RBC Capital Markets Corporation	Perkins, Somerset & Oldtown Neighborhoods
CNI	Partner	Red Mortgage Capital, LLC	Perkins, Somerset & Oldtown Neighborhoods
CNI	Partner	Ronald McDonald House	Perkins, Somerset & Oldtown Neighborhoods
CNI	Partner	SunTrust	Perkins, Somerset & Oldtown Neighborhoods

Partners List

<b>Grant</b>	<b>Type</b>	<b>Organization</b>	<b>Neighborhood</b>
CNI	Partner	The Foundery	Perkins, Somerset & Oldtown Neighborhoods
CNI	Partner	Thread	Perkins, Somerset & Oldtown Neighborhoods
CNI	Partner	Urban Atlantic	Perkins, Somerset & Oldtown Neighborhoods
CNI	Partner	Baltimore Curriculum Project	Perkins, Somerset & Oldtown Neighborhoods
CNI	Partner	Perkins Homes Tenant Council	Perkins, Somerset & Oldtown Neighborhoods
CNI	Partner	Abell Foundation	Perkins, Somerset & Oldtown Neighborhoods
CNI	Partner	Baltimore City Police Department	Perkins, Somerset & Oldtown Neighborhoods
CNI	Partner	Baltimore Development Corporation	Perkins, Somerset & Oldtown Neighborhoods
CNI	Partner	Baltimore Healthy Start	Perkins, Somerset & Oldtown Neighborhoods
CNI	Partner	Balti-more Medical Systems	Perkins, Somerset & Oldtown Neighborhoods
CNI	Partner	Care First	Perkins, Somerset & Oldtown Neighborhoods
CNI	Partner	Child First Authority	Perkins, Somerset & Oldtown Neighborhoods
CNI	Partner	Commercial Development, Inc.	Perkins, Somerset & Oldtown Neighborhoods
CNI	Partner	Goodwill Industries	Perkins, Somerset & Oldtown Neighborhoods
CNI	Partner	H&S Bakery	Perkins, Somerset & Oldtown Neighborhoods
CNI	Partner	Johns Hopkins Carey Business School	Perkins, Somerset & Oldtown Neighborhoods
CNI	Partner	Living Classrooms	Perkins, Somerset & Oldtown Neighborhoods
CNI	Partner	Maryland Hunger Solutions	Perkins, Somerset & Oldtown Neighborhoods
CNI	Partner	Norstar Development USA	South Flint
CNI	Partner	Mott Community College Workforce Development	South Flint
CNI	Partner	Flint and Genesee Literacy Net-work	South Flint
CNI	Partner	Hamilton Community Health Network	South Flint
CNI	Partner	Hurley Medical Center	South Flint
CNI	Partner	LISC	South Flint
CNI	Partner	Mass Transit Authority	South Flint
CNI	Partner	Michigan State Housing Development Authority	South Flint
CNI	Partner	Neighborhood Engage-ment Hub	South Flint
CNI	Partner	Safe and Active Genesee for Everyone	South Flint

Partners List

<b>Grant</b>	<b>Type</b>	<b>Organization</b>	<b>Neighborhood</b>
CNI	Partner	Univer-sity of Michigan-Flint	South Flint
CNI	Partner	United Way of Flint and Genesee County	South Flint
CNI	Partner	Atherton East Tenant Council	South Flint
CNI	Partner	Flint Police Department	South Flint
CNI	Partner	Catholic Charities	South Flint
CNI	Partner	Crim Fitness Foundation	South Flint
CNI	Partner	Flint and Genesee County Cham-ber of Commerce	South Flint
CNI	Partner	Flint Public Art Project	South Flint
CNI	Partner	Flint River Watershed Coalition	South Flint
CNI	Partner	Genesee Com-munity Health Center	South Flint
CNI	Partner	Genesee Conservation District	South Flint
CNI	Partner	Genesee County Habitat for Humanity	South Flint
CNI	Partner	Genesee County Land Bank Authority Genesee Immediate School District	South Flint
CNI	Partner	Gorman & Company, Inc.	Edison-Eastlake Neighborhoods
CNI	Partner	City Manager’s Office of Youth and Education	Edison-Eastlake Neighborhoods
CNI	Partner	Phoenix Revitalization Corporation	Edison-Eastlake Neighborhoods
CNI	Partner	Arizona Department of Housing	Edison-Eastlake Neighborhoods
CNI	Partner	Arizona State University	Edison-Eastlake Neighborhoods
CNI	Partner	Friendly House	Edison-Eastlake Neighborhoods
CNI	Partner	Head to Toe Therapy	Edison-Eastlake Neighborhoods
CNI	Partner	Industrial Development Authority of the City of Phoenix	Edison-Eastlake Neighborhoods
CNI	Partner	LISC	Edison-Eastlake Neighborhoods
CNI	Partner	Maricopa Community College District	Edison-Eastlake Neighborhoods
CNI	Partner	Maricopa County Department of Public Health	Edison-Eastlake Neighborhoods
CNI	Partner	Phoenix Police Department	Edison-Eastlake Neighborhoods
CNI	Partner	Phoenix Union High School District	Edison-Eastlake Neighborhoods
CNI	Partner	Phoenix Elementary School District #1	Edison-Eastlake Neighborhoods
CNI	Partner	Raza Development Fund	Edison-Eastlake Neighborhoods
CNI	Partner	St. Luke’s Medical Center	Edison-Eastlake Neighborhoods

Partners List

<b>Grant</b>	<b>Type</b>	<b>Organization</b>	<b>Neighborhood</b>
CNI	Partner	Trellis Housing	Edison-Eastlake Neighborhoods
CNI	Partner	Valle del Sol Health Center	Edison-Eastlake Neighborhoods
CNI	Partner	Valley of the Sun United Way	Edison-Eastlake Neighborhoods
CNI	Partner	Itex Development LLC	Allendale, Ledbetter Heights & West Edge Neighborhoods
CNI	Partner	Volunteers of America of North and Central Louisiana	Allendale, Ledbetter Heights & West Edge Neighborhoods
CNI	Partner	Housing Opportunities Unlimited	Allendale, Ledbetter Heights & West Edge Neighborhoods
CNI	Partner	Caddo Parish Public Schools	Allendale, Ledbetter Heights & West Edge Neighborhoods
CNI	Partner	Allendale, Ledbetter and Lakeside Neighborhood Association	Allendale, Ledbetter Heights & West Edge Neighborhoods
CNI	Partner	Brown Taylor Development, LLC	Allendale, Ledbetter Heights & West Edge Neighborhoods
CNI	Partner	Community Support Programs, Inc.	Allendale, Ledbetter Heights & West Edge Neighborhoods
CNI	Partner	David Raines Community Health Center	Allendale, Ledbetter Heights & West Edge Neighborhoods
CNI	Partner	Goodwill Industries	Allendale, Ledbetter Heights & West Edge Neighborhoods
CNI	Partner	Louisiana Civil Rights Coalition	Allendale, Ledbetter Heights & West Edge Neighborhoods
CNI	Partner	Louisiana Housing Corporation	Allendale, Ledbetter Heights & West Edge Neighborhoods
CNI	Partner	Louisiana State University Agricultural Centers	Allendale, Ledbetter Heights & West Edge Neighborhoods
CNI	Partner	Martin Luther King Health Center	Allendale, Ledbetter Heights & West Edge Neighborhoods

Partners List

<b>Grant</b>	<b>Type</b>	<b>Organization</b>	<b>Neighborhood</b>
CNI	Partner	Northern and Central Louisiana Interfaith	Allendale, Ledbetter Heights & West Edge Neighborhoods
CNI	Partner	Northwest Louisiana Council of Governments	Allendale, Ledbetter Heights & West Edge Neighborhoods
CNI	Partner	Northwestern State University's Child and Family Network	Allendale, Ledbetter Heights & West Edge Neighborhoods
CNI	Partner	North Shreveport Common	Allendale, Ledbetter Heights & West Edge Neighborhoods
CNI	Partner	Red River Bank	Allendale, Ledbetter Heights & West Edge Neighborhoods
CNI	Partner	Shreveport Green	Allendale, Ledbetter Heights & West Edge Neighborhoods
CNI	Partner	Shreveport Police Department	Allendale, Ledbetter Heights & West Edge Neighborhoods
CNI	Partner	Shreveport Regional Art Council	Allendale, Ledbetter Heights & West Edge Neighborhoods
CNI	Partner	Southern University of Shreveport	Allendale, Ledbetter Heights & West Edge Neighborhoods
CNI	Partner	SporTran	Allendale, Ledbetter Heights & West Edge Neighborhoods
CNI	Partner	Step Forward	Allendale, Ledbetter Heights & West Edge Neighborhoods
CNI	Partner	St. Luke's Medical Mobile Ministry	Allendale, Ledbetter Heights & West Edge Neighborhoods
CNI	Partner	McCormack Baron Salazar	Eugene Field Neighborhood
CNI	Partner	Urban Strategies, Inc.	Eugene Field Neighborhood
CNI	Partner	Tulsa Public Schools	Eugene Field Neighborhood
CNI	Partner	Eugene Field Community Advisory Council	Eugene Field Neighborhood
CNI	Partner	Anne and Henry Zarrow Foundation	Eugene Field Neighborhood

Partners List

<b>Grant</b>	<b>Type</b>	<b>Organization</b>	<b>Neighborhood</b>
CNI	Partner	CAP Tulsa	Eugene Field Neighborhood
CNI	Partner	Center for Employment Opportunities	Eugene Field Neighborhood
CNI	Partner	Children's Museum Discovery Lab	Eugene Field Neighborhood
CNI	Partner	City Year	Eugene Field Neighborhood
CNI	Partner	College Summit	Eugene Field Neighborhood
CNI	Partner	Community Health Connection	Eugene Field Neighborhood
CNI	Partner	Community Service Council	Eugene Field Neighborhood
CNI	Partner	Day-Spring Community Services	Eugene Field Neighborhood
CNI	Partner	Foundation for Tulsa Schools	Eugene Field Neighborhood
CNI	Partner	George Kaiser Family Foundation	Eugene Field Neighborhood
CNI	Partner	Global Gardens	Eugene Field Neighborhood
CNI	Partner	Goodwill Tulsa	Eugene Field Neighborhood
CNI	Partner	Harvest Community Church	Eugene Field Neighborhood
CNI	Partner	Landa Mobile Systems	Eugene Field Neighborhood
CNI	Partner	Oklahoma State University	Eugene Field Neighborhood
CNI	Partner	Reading Partners	Eugene Field Neighborhood
CNI	Partner	RiverParks Authority	Eugene Field Neighborhood
CNI	Partner	Route 66 Mainstreet	Eugene Field Neighborhood
CNI	Partner	Salvation Army	Eugene Field Neighborhood
CNI	Partner	Talent Development Secondary	Eugene Field Neighborhood
CNI	Partner	Tulsa Community College	Eugene Field Neighborhood
CNI	Partner	Tulsa's Table	Eugene Field Neighborhood
CNI	Partner	US Bank	Eugene Field Neighborhood

Partners List

<b>Grant</b>	<b>Type</b>	<b>Organization</b>	<b>Neighborhood</b>
CNI	Partner	West Tulsa United Methodist Church	Eugene Field Neighborhood
CNI	Partner	Workforce Tulsa	Eugene Field Neighborhood
CNI	Partner	YMCA	Eugene Field Neighborhood
CNP	Partner	City of Mobile	Three Mile Trace/Northside
CNP	Partner	Mobile County Commission	Three Mile Trace/Northside
CNP	Partner	Roger Williams Residents' Association	Three Mile Trace/Northside
CNP	Partner	Mobile Area Educa-tion Foundation	Three Mile Trace/Northside
CNP	Partner	Mobile County Public Schools	Three Mile Trace/Northside
CNP	Partner	Mobile Works	Three Mile Trace/Northside
CNP	Partner	Bishop State Community College	Three Mile Trace/Northside
CNP	Partner	Mobile Police Department	Three Mile Trace/Northside
CNP	Partner	Mobile Bay National Estuary Program	Three Mile Trace/Northside
CNP	Partner	Community Foundation of South Alabama	Three Mile Trace/Northside
CNP	Partner	Boys and Girls Club of South Alabama	Three Mile Trace/Northside
CNP	Partner	City of Mobile	Thomas James Place/Southside
CNP	Partner	Mobile Police Department	Thomas James Place/Southside
CNP	Partner	Mobile County Commission	Thomas James Place/Southside
CNP	Partner	Mobile County Public School System	Thomas James Place/Southside
CNP	Partner	Thomas James Place Resident Association	Thomas James Place/Southside
CNP	Partner	Mobile Area Education Foundation	Thomas James Place/Southside
CNP	Partner	Mobile Airport Authority	Thomas James Place/Southside
CNP	Partner	Boys and Girls Clubs of South Alabama	Thomas James Place/Southside
CNP	Partner	Mobile Works	Thomas James Place/Southside

Partners List

<b>Grant</b>	<b>Type</b>	<b>Organization</b>	<b>Neighborhood</b>
CNP	Partner	Gulf Regional Early Childhood Service	Thomas James Place/Southside
CNP	Partner	Franklin Primary Health Center	Thomas James Place/Southside
CNP	Partner	Mobile County Health Department	Thomas James Place/Southside
CNP	Partner	Central Arkansas Library system	Southeast of Downtown
CNP	Partner	Chamber of Commerce	Southeast of Downtown
CNP	Partner	McCormack Baron Salazar	Los Angeles
CNP	Partner	Thai Community Development Corporation	Los Angeles
CNP	Partner	Armenian National Committee of America	Los Angeles
CNP	Partner	City of Los Angeles	Los Angeles
CNP	Partner	Los Angeles Unified School District	Los Angeles
CNP	Partner	Children's Hospital of Los Angeles	Los Angeles
CNP	Partner	California Emerging Technology Fund	Los Angeles
CNP	Partner	Hollywood Police Activities League	Los Angeles
CNP	Partner	Korean Churches for Community Development	Los Angeles
CNP	Partner	Local Initiative Support Corporation	Los Angeles
CNP	Partner	Hollywood WorkSource Center	Los Angeles
CNP	Partner	Los Angeles Chamber of Commerce	Los Angeles
CNP	Partner	Hollywood Choice Neighborhood Coalition	Los Angeles
CNP	Partner	Annenberg Foundation	Los Angeles
CNP	Partner	Weingart Foundation	Los Angeles
CNP	Partner	Ralph M. Parsons Foundation	Los Angeles
CNP	Partner	California Wellness Foundation	Los Angeles
CNP	Partner	California Endowment	Los Angeles
CNP	Partner	Sacramento Housing and Redevelopment Agency	Upper Land Park - Broadway
CNP	Partner	EJP Consulting Group	Upper Land Park - Broadway
CNP	Partner	City of Sacramento	Upper Land Park - Broadway
CNP	Partner	Habitat for Humanity	Upper Land Park - Broadway
CNP	Partner	Riverview Capital Investments	Upper Land Park - Broadway
CNP	Partner	Saris Regis Group	Upper Land Park - Broadway
CNP	Partner	Enterprise Community Partners	Upper Land Park - Broadway
CNP	Partner	Sacramento Housing Alliance	Upper Land Park - Broadway
CNP	Partner	Leataata Floyd Elementary	Upper Land Park - Broadway
CNP	Partner	Sacramento Education and Training Agency	Upper Land Park - Broadway

Partners List

<b>Grant</b>	<b>Type</b>	<b>Organization</b>	<b>Neighborhood</b>
CNP	Partner	Sacramento Regional Transit	Upper Land Park - Broadway
CNP	Partner	Greater Broadway Partnership	Upper Land Park - Broadway
CNP	Partner	Valley Vision	Upper Land Park - Broadway
CNP	Partner	Roberts Family Development Center	Upper Land Park - Broadway
CNP	Partner	Kaiser Permanente	Upper Land Park - Broadway
CNP	Partner	WellSpace Health	Upper Land Park - Broadway
CNP	Partner	Dig-nity Health	Upper Land Park - Broadway
CNP	Partner	Upper Land Park Neighbors	Upper Land Park - Broadway
CNP	Partner	Land Park Community Association	Upper Land Park - Broadway
CNP	Partner	KDG Enterprises	South Potrero
CNP	Partner	San Francisco (SF) Office of Economic and Workforce Development	South Potrero
CNP	Partner	City College	South Potrero
CNP	Partner	SF Human Services Agency	South Potrero
CNP	Partner	SF Conservation Corps	South Potrero
CNP	Partner	SF Department of Public Health	South Potrero
CNP	Partner	Potrero Neighborhood House	South Potrero
CNP	Partner	San Francisco SAFE (Safety Awareness for Everyone)	South Potrero
CNP	Partner	SF Police Department	South Potrero
CNP	Partner	Community Response Network	South Potrero
CNP	Partner	SF Municipal Transportation Agency	South Potrero
CNP	Partner	SF Planning Department	South Potrero
CNP	Partner	Innovative IT	South Potrero
CNP	Partner	Technology Network of the Bay Area	South Potrero
CNP	Partner	SF Unified School District	South Potrero
CNP	Partner	San Francisco's First Five	South Potrero
CNP	Partner	SFSU Head Start and Early Head Start	South Potrero
CNP	Partner	Starr King Elementary School	South Potrero
CNP	Partner	Daniel Webster Elementary School	South Potrero
CNP	Partner	Potrero Hill Library	South Potrero
CNP	Partner	Potrero Parks and Recreational Center	South Potrero
CNP	Partner	SF Food Bank Potrero Family Resource Center	South Potrero
CNP	Partner	Potrero Caleb Clark Health Center	South Potrero
CNP	Partner	San Francisco (SF) Department of Children	Sunnydale/Visitacion Valley
CNP	Partner	Youth and Families	Sunnydale/Visitacion Valley

Partners List

<b>Grant</b>	<b>Type</b>	<b>Organization</b>	<b>Neighborhood</b>
CNP	Partner	First Five	Sunnydale/Visitacion Valley
CNP	Partner	SF Unified School District	Sunnydale/Visitacion Valley
CNP	Partner	YMCA	Sunnydale/Visitacion Valley
CNP	Partner	SF Boys and Girls Club	Sunnydale/Visitacion Valley
CNP	Partner	SF Office of Economic and Workforce Development	Sunnydale/Visitacion Valley
CNP	Partner	UC Berkeley	Sunnydale/Visitacion Valley
CNP	Partner	SF Department of Public Health	Sunnydale/Visitacion Valley
CNP	Partner	SF Department of Recreation and Parks	Sunnydale/Visitacion Valley
CNP	Partner	SF Municipal Transportation Agency	Sunnydale/Visitacion Valley
CNP	Partner	SF Police Department	Sunnydale/Visitacion Valley
CNP	Partner	San Francisco SAFE (Safety Awareness for Everyone)	Sunnydale/Visitacion Valley
CNP	Partner	Visitacion Valley Strong Families	Sunnydale/Visitacion Valley
CNP	Partner	Westside Community Services	Sunnydale/Visitacion Valley
CNP	Partner	Urban Sprouts	Sunnydale/Visitacion Valley
CNP	Partner	Sunnydale Tenants Association	Sunnydale/Visitacion Valley
CNP	Partner	Campaign for HOPE SF	Sunnydale/Visitacion Valley
CNP	Partner	Samoan CDC	Sunnydale/Visitacion Valley
CNP	Partner	SF Youth and Adult Pro-bation Departments	Sunnydale/Visitacion Valley
CNP	Partner	District Attorney Office	Sunnydale/Visitacion Valley
CNP	Partner	TURF (Together United Recommitted Forever)	Sunnydale/Visitacion Valley
CNP	Partner	Mithun	Sun Valley
CNP	Partner	Design Workshop	Sun Valley
CNP	Partner	City and County of Denver	Sun Valley
CNP	Partner	Community Planning and Development and Office of Economic Development	Sun Valley
CNP	Partner	Denver Public Schools	Sun Valley
CNP	Partner	Enterprise Community Partners	Sun Valley

Partners List

<b>Grant</b>	<b>Type</b>	<b>Organization</b>	<b>Neighborhood</b>
CNP	Partner	Mercy Housing	Sun Valley
CNP	Partner	Mile High Connects	Sun Valley
CNP	Partner	EcoDistricts	Sun Valley
CNP	Partner	Denver Police Department	Sun Valley
CNP	Partner	Denver Health	Sun Valley
CNP	Partner	Xcel Energy	Sun Valley
CNP	Partner	Denver Stadium District	Sun Valley
CNP	Partner	Denver Broncos	Sun Valley
CNP	Partner	University of Colorado at Denver	Sun Valley
CNP	Partner	Metropolitan State University	Sun Valley
CNP	Partner	Community College of Denver	Sun Valley
CNP	Partner	Denver Parks & Recreation	Sun Valley
CNP	Partner	Platte River Foundation	Sun Valley
CNP	Partner	Wallace, Roberts & Todd, LLC	Mills Memorial/Central Business Neighborhood
CNP	Partner	Meriden Children First	Mills Memorial/Central Business Neighborhood
CNP	Partner	Maynard Road Corporation	Mills Memorial/Central Business Neighborhood
CNP	Partner	Meriden Economic Development Corporation	Mills Memorial/Central Business Neighborhood
CNP	Partner	Pennrose Properties, LLC	Mills Memorial/Central Business Neighborhood
CNP	Partner	Greater Meriden Chamber	Mills Memorial/Central Business Neighborhood
CNP	Partner	Community Health Centers Inc.	Mills Memorial/Central Business Neighborhood
CNP	Partner	University of Connecticut	Mills Memorial/Central Business Neighborhood
CNP	Partner	Center for Advanced Technology	Mills Memorial/Central Business Neighborhood
CNP	Partner	Norwalk ACTS	South Norwalk
CNP	Partner	District of Columbia Office of Deputy Mayor for Planning and Economic Development	Barry Farm
CNP	Partner	Preservation of Affordable Housing and A&R Development	Barry Farm
CNP	Partner	Howard University Center for Urban Progress	Barry Farm
CNP	Partner	Anacostia Economic Development Corp.	Barry Farm
CNP	Partner	Bethlehem Baptist Church	Barry Farm
CNP	Partner	Campbell AME Church	Barry Farm
CNP	Partner	Metropolitan Police Department	Barry Farm
CNP	Partner	DC Department of Housing and Community Development	Barry Farm
CNP	Partner	DC Office of Planning	Barry Farm
CNP	Partner	DC Public Schools	Barry Farm
CNP	Partner	Excel Public Charter School	Barry Farm

Partners List

<b>Grant</b>	<b>Type</b>	<b>Organization</b>	<b>Neighborhood</b>
CNP	Partner	Far Southeast Family Strengthening Collaborative	Barry Farm
CNP	Partner	Matthews Memorial Baptist Church	Barry Farm
CNP	Partner	Perkins+Eastman	Barry Farm
CNP	Partner	Barry Farm Resident Council	Barry Farm
CNP	Partner	United Black Fund	Barry Farm
CNP	Partner	Ward 8 Advisory Neighborhood Commission	Barry Farm
CNP	Partner	Ward 8 Business Council	Barry Farm
CNP	Partner	Ward 8 Councilman	Barry Farm
CNP	Partner	Region Forward Coalition of the Metropolitan Washington	Barry Farm
CNP	Partner	Regional Council of Governments	Barry Farm
CNP	Partner	William C. Smith & Co.	Barry Farm
CNP	Partner	Habitat for Humanity of East and Central Pasco	Lacoochee-Trilby-Trilacoochee
CNP	Partner	Workforce Housing Ventures, Inc.	Lacoochee-Trilby-Trilacoochee
CNP	Partner	Pasco County Sheriff's Department	Lacoochee-Trilby-Trilacoochee
CNP	Partner	Pasco County Parks and Recreation	Lacoochee-Trilby-Trilacoochee
CNP	Partner	Pasco County Public Transportation	Lacoochee-Trilby-Trilacoochee
CNP	Partner	Pasco County School Board	Lacoochee-Trilby-Trilacoochee
CNP	Partner	Pasco-Hernando Early Learning Coalition	Lacoochee-Trilby-Trilacoochee
CNP	Partner	Pasco County Libraries	Lacoochee-Trilby-Trilacoochee
CNP	Partner	Pasco County Health Department	Lacoochee-Trilby-Trilacoochee
CNP	Partner	Boys and Girls Club	Lacoochee-Trilby-Trilacoochee
CNP	Partner	Pasco-Hernando Workforce Board	Lacoochee-Trilby-Trilacoochee
CNP	Partner	United Way	Lacoochee-Trilby-Trilacoochee
CNP	Partner	Pasco Economic Development Council	Lacoochee-Trilby-Trilacoochee
CNP	Partner	Withlacoochee River Electric Company	Lacoochee-Trilby-Trilacoochee
CNP	Partner	Lacoochee Area Redevelopment Corporation	Lacoochee-Trilby-Trilacoochee
CNP	Partner	Lacoochee-Trilby-Trilacoochee Committee	Lacoochee-Trilby-Trilacoochee
CNP	Partner	Lacoochee Community Action Task Force	Lacoochee-Trilby-Trilacoochee

Partners List

<b>Grant</b>	<b>Type</b>	<b>Organization</b>	<b>Neighborhood</b>
CNP	Partner	City of Opa-locka	Nile Gardens
CNP	Partner	The Urban League of Greater Miami	Nile Gardens
CNP	Partner	Florida Education Fund	Nile Gardens
CNP	Partner	Community Housing Development Corporation,	West Central Albany
CNP	Partner	Georgia Department of Health	West Central Albany
CNP	Partner	Georgia Tech	West Central Albany
CNP	Partner	Emory Prevention Research Center	West Central Albany
CNP	Partner	The City of Atlanta	Atlanta University Center (University Area)
CNP	Partner	Arthur M. Blank foundation	Atlanta University Center (University Area)
CNP	Partner	Costal Georgia Indicators Coalition	East Savannah Gateway
CNP	Partner	Healthy Savannah	East Savannah Gateway
CNP	Partner	EJP Consulting Group	Kuhio Park
CNP	Partner	Governor’s Office	Kuhio Park
CNP	Partner	Hawaii State Legislature and Senate	Kuhio Park
CNP	Partner	Hawaii Housing Finance and Development Corporation	Kuhio Park
CNP	Partner	City and County of Honolulu	Kuhio Park
CNP	Partner	Kalihi Palama Neighborhood Board No. 15	Kuhio Park
CNP	Partner	Department of Human Services	Kuhio Park
CNP	Partner	Department of Education	Kuhio Park
CNP	Partner	Department of Transportation	Kuhio Park
CNP	Partner	Honolulu Police Department	Kuhio Park
CNP	Partner	Parents & Children Together	Kuhio Park
CNP	Partner	Kokua Kalihi Valley Comprehensive Family Services	Kuhio Park
CNP	Partner	Hawaii Literacy	Kuhio Park
CNP	Partner	Faith Action for Community Equity	Kuhio Park
CNP	Partner	YMCA Pioneering Healthier Communities	Kuhio Park
CNP	Partner	Indiana University Northwest	University Park East
CNP	Partner	Ivy Tech	University Park East
CNP	Partner	Gary Commu-nity School Corporation	University Park East
CNP	Partner	WorkOne Indiana	University Park East
CNP	Partner	ARISE Gary	University Park East
CNP	Partner	Indiana Parenting Institute	University Park East
CNP	Partner	Northwest Indiana Regional Planning Commission	University Park East
CNP	Partner	Broadway Area Community Development Corporation	University Park East
CNP	Partner	Gary Public Transportation Corporation	University Park East
CNP	Partner	Gary Redevelopment Commission	University Park East
CNP	Partner	EJP Consulting Group, LLC	University Park East
CNP	Partner	City of Louisville	Russell

Partners List

<b>Grant</b>	<b>Type</b>	<b>Organization</b>	<b>Neighborhood</b>
CNP	Partner	EJP Consulting	Russell
CNP	Partner	Center For Neighborhoods	Russell
CNP	Partner	Community Ventures Corporation	Russell
CNP	Partner	New Directions Housing Corporation	Russell
CNP	Partner	Bellarmino University	Russell
CNP	Partner	Louisville Urban League	Russell
CNP	Partner	Metro United Way Success by 6	Russell
CNP	Partner	Jefferson County Public Schools	Russell
CNP	Partner	The Integral Group	Melrose East-Smiley Heights
CNP	Partner	East Baton Rouge Public School System	Melrose East-Smiley Heights
CNP	Partner	East Baton Rouge Redevelopment Authority	Melrose East-Smiley Heights
CNP	Partner	Louisiana State University School of Social Work Office of Social Service Research and Development	Melrose East-Smiley Heights
CNP	Partner	Melrose East Community Association	Melrose East-Smiley Heights
CNP	Partner	Community Foundation of North Louisiana	Allendale and Ledbetter Heights
CNP	Partner	National Communities-In-Schools organization	Allendale and Ledbetter Heights
CNP	Partner	Community Foundation of North Louisiana	Allendale/Ledbetter Heights/ West Edge
CNP	Partner	National Communities-In-Schools organization	Allendale/Ledbetter Heights/ West Edge
CNP	Partner	Preservation of Affordable Housing	Whittier Lower Roxbury
CNP	Partner	Madison Park De-velopment Corporation	Whittier Lower Roxbury
CNP	Partner	Dudley Street Neighborhood Initiative	Whittier Lower Roxbury
CNP	Partner	The American City Coalition	Whittier Lower Roxbury
CNP	Partner	Boston Public Schools	Whittier Lower Roxbury
CNP	Partner	Boston Police Department	Whittier Lower Roxbury
CNP	Partner	District B-2	Whittier Lower Roxbury
CNP	Partner	City of Boston	Whittier Lower Roxbury
CNP	Partner	Local Initiatives Support Corporation	Whittier Lower Roxbury
CNP	Partner	Northeastern University	Whittier Lower Roxbury
CNP	Partner	Nuestra Comunidad	Whittier Lower Roxbury
CNP	Partner	Nurtury	Whittier Lower Roxbury
CNP	Partner	Roxbury Community College	Whittier Lower Roxbury
CNP	Partner	Tenacity	Whittier Lower Roxbury
CNP	Partner	Wentworth Institute of Technology	Whittier Lower Roxbury

Partners List

<b>Grant</b>	<b>Type</b>	<b>Organization</b>	<b>Neighborhood</b>
CNP	Partner	Whittier Street Health Center	WhittierLower Roxbury
CNP	Partner	The Community Builders	Central West Baltimore
CNP	Partner	Druid Heights CDC	Central West Baltimore
CNP	Partner	Center for Urban Families	Central West Baltimore
CNP	Partner	Enterprise Community Partners	Central West Baltimore
CNP	Partner	Baltimore City Health Department	Central West Baltimore
CNP	Partner	Purpose Built Communities	Central West Baltimore
CNP	Partner	Baltimore City Public Schools	Central West Baltimore
CNP	Partner	University of Michigan	South Saginaw
CNP	Partner	The International Academy of Flint	South Saginaw
CNP	Partner	Mott Foundation	South Saginaw
CNP	Partner	Flint Community Schools	South Saginaw
CNP	Partner	Genesee County Habitat for Humanity	South Saginaw
CNP	Partner	Genesee Health System	South Saginaw
CNP	Partner	Flint Watershed Coalition	South Saginaw
CNP	Partner	Building Neighborhood Power	South Saginaw
CNP	Partner	WOW Outreach	South Saginaw
CNP	Partner	Neighborhoods Without Borders	South Saginaw
CNP	Partner	BEST Project	South Saginaw
CNI	Partner	The City of Kansas City	Paseo Gateway
CNI	Partner	LISC	Paseo Gateway
CNI	Partner	community health center	Paseo Gateway
CNI	Partner	Truman Medical Center	Paseo Gateway
CNP	Partner	City of St. Louis	Near North Side
CNP	Partner	McCormack Baron Salazar	Near North Side
CNP	Partner	St. Louis Public Schools	Near North Side
CNP	Partner	Flance Early Learning Center	Near North Side
CNP	Partner	St. Louis Metropolitan Police Department	Near North Side
CNP	Partner	St. Louis Agency on Training and Employment	Near North Side
CNP	Partner	United Way of Greater St. Louis	Near North Side
CNP	Partner	Urban League of Metropolitan St. Louis	Near North Side
CNP	Partner	St. Louis County Department of Planning & Wellston Housing Authority	Wellston
CNP	Partner	H3 Studio	Wellston
CNP	Partner	Regional Housing and Community Development Alliance	Wellston
CNP	Partner	St. Louis County Economic Council	Wellston
CNP	Partner	University of Missouri - St. Louis	Wellston
CNP	Partner	Beyond Housing, Normandy School District	Wellston
CNP	Partner	Laclede Gas Company	Wellston
CNP	Partner	City of Durham	Southeast Central
CNP	Partner	North Carolina Central University	Southeast Central
CNP	Partner	Development Ventures Inc.	Southeast Central
CNP	Partner	Durham Public Schools	Southeast Central
CNP	Partner	Lincoln Community Health Center	Southeast Central

Partners List

<b>Grant</b>	<b>Type</b>	<b>Organization</b>	<b>Neighborhood</b>
CNP	Partner	Durham P.R.O.U.D.	Southeast Central
CNP	Partner	City of Durham Police and Fire Departments	Southeast Central
CNP	Partner	North Carolina Mutual Life Insurance Company	Southeast Central
CNP	Partner	Durham Center for Senior Life	Southeast Central
CNP	Partner	Triangle Transit	Southeast Central
CNP	Partner	Center for Employment Training	Southeast Central
CNP	Partner	Durham Economic Resource Center	Southeast Central
CNP	Partner	Durham Technical Community College	Southeast Central
CNP	Partner	Durham YMCA	Southeast Central
CNP	Partner	Triangle J	Southeast Central
CNP	Partner	Durham Regional Financial Center	Southeast Central
CNP	Partner	UDI Community Development Corporation	Southeast Central
CNP	Partner	Durham County Department of Social Services	Southeast Central
CNP	Partner	TCG International, LLC	Southeast Central
CNP	Partner	EJP Consulting Group	Greater Five Points
CNP	Partner	Craven Community College	Greater Five Points
CNP	Partner	Craven County Schools	Greater Five Points
CNP	Partner	Craven County Government	Greater Five Points
CNP	Partner	Swiss Bear Downtown Development Corporation	Greater Five Points
CNP	Partner	Neuse River Community Development Corporation	Greater Five Points
CNP	Partner	Greater Duffyfield Residents Council	Greater Five Points
CNP	Partner	Mobile Farm Fresh	West End
CNP	Partner	Livingstone College	West End
CNP	Partner	Salisbury Police Department	West End
CNP	Partner	New Hanover County	Southside
CNP	Partner	St. Johns CDC	Center City
CNP	Partner	Renaissance Planning Group	Cleveland Avenue
CNP	Partner	Neighbors for Better Neighborhoods	Cleveland Avenue
CNP	Partner	Wake Forest Baptist Medical Center	Cleveland Avenue
CNP	Partner	Wake Forest University Community Law and Business Clinic	Cleveland Avenue
CNP	Partner	Winston-Salem City Manager's Office	Cleveland Avenue
CNP	Partner	Winston-Salem City Council	Cleveland Avenue
CNP	Partner	Winston-Salem Business and Community Development Department	Cleveland Avenue
CNP	Partner	Winston-Salem Police Department	Cleveland Avenue
CNP	Partner	Northwest Piedmont Workforce Development Board	Cleveland Avenue
CNP	Partner	Forsyth Technical Community College	Cleveland Avenue
CNP	Partner	Goodwill of Northwest NC	Cleveland Avenue
CNP	Partner	Winston-Salem State University	Cleveland Avenue
CNP	Partner	Urban League	Cleveland Avenue
CNP	Partner	Experiment in Self-Reliance	Cleveland Avenue

Partners List

<b>Grant</b>	<b>Type</b>	<b>Organization</b>	<b>Neighborhood</b>
CNP	Partner	Metrovest Equities	McGinley Square/Montgomery Corridor
CNP	Partner	Board of Education	McGinley Square/Montgomery Corridor
CNP	Partner	St. Peter's University	McGinley Square/Montgomery Corridor
CNP	Partner	The Muslim Federation of NJ	McGinley Square/Montgomery Corridor
CNP	Partner	City of Newark	Dayton Street
CNP	Partner	Trinity Financial	Dayton Street
CNP	Partner	M&M Development Company	Dayton Street
CNP	Partner	The Port Authority of New York & New Jersey	Dayton Street
CNP	Partner	North Jersey Transportation and Planning Authority	Dayton Street
CNP	Partner	Together North Jersey Regional Sustainability Office	Dayton Street
CNP	Partner	NJ Transit	Dayton Street
CNP	Partner	LISC-Greater Newark	Dayton Street
CNP	Partner	New Jersey Secretary of State Office of Planning Advocacy	Dayton Street
CNP	Partner	Newark Public Schools	Dayton Street
CNP	Partner	Essex County	Dayton Street
CNP	Partner	Essex County Community College	Dayton Street
CNP	Partner	Newark Community Health Center	Dayton Street
CNP	Partner	Beth Israel Medical Center	Dayton Street
CNP	Partner	Newark Workforce Investment Board	Dayton Street
CNP	Partner	City of Newark-Department of Health	Dayton Street
CNP	Partner	City of Newark Department of Housing & Economic Development	Dayton Street
CNP	Partner	Rutgers University	Dayton Street
CNP	Partner	Council of NJ Grantmakers	Dayton Street
CNP	Partner	Newark Philanthropic Liaison	Dayton Street
CNP	Partner	Weequahic Park Sports Authority	Dayton Street
CNP	Partner	Newark City of Learning Collaborative	Dayton Street
CNP	Partner	Newark Community Development Corporation	Dayton Street
CNP	Partner	EJP Consulting Group	Dayton Street
CNP	Partner	Clark County School District	Urban Core
CNP	Partner	Lutheran Social Services of Nevada	Urban Core
CNP	Partner	Nevada Partners, Inc.	Urban Core
CNP	Partner	Clark County Social Services	Urban Core
CNP	Partner	Community College of Southern Nevada	Urban Core
CNP	Partner	Catholic Charities of Southern Nevada	Urban Core
CNP	Partner	North Las Vegas	Urban Core

Partners List

<b>Grant</b>	<b>Type</b>	<b>Organization</b>	<b>Neighborhood</b>
CNP	Partner	Police Department	Urban Core
CNP	Partner	Lincy Institute of UNLV	Urban Core
CNP	Partner	Outside Las Vegas Nevada HAND	Urban Core
CNP	Partner	Nevada Department of Training and Employment	Urban Core
CNP	Partner	Governor's Office of Economic Development	Urban Core
CNP	Partner	Workforce Connections	Urban Core
CNP	Partner	University of New York at Buffalo	Perry
CNP	Partner	Local Initiatives Support Corporation	Mott Haven (Bronx)
CNP	Partner	BronxWorks	Mott Haven (Bronx)
CNP	Partner	Casita Maria	Mott Haven (Bronx)
CNP	Partner	JobsPlus	Mott Haven (Bronx)
CNP	Partner	Department of City Planning	Mott Haven (Bronx)
CNP	Partner	New York City Police Department	Mott Haven (Bronx)
CNP	Partner	East Side House	Mott Haven (Bronx)
CNP	Partner	Small Business Services	Mott Haven (Bronx)
CNP	Partner	Department of Health and Mental Hygiene	Mott Haven (Bronx)
CNP	Partner	Hostos Community College	Mott Haven (Bronx)
CNP	Partner	Lincoln Hospital	Mott Haven (Bronx)
CNP	Partner	New Yorkers for Parks	Mott Haven (Bronx)
CNP	Partner	Banana Kelly	Mott Haven (Bronx)
CNP	Partner	Mothers on the Move	Mott Haven (Bronx)
CNP	Partner	New York Parks Department	Mott Haven (Bronx)
CNP	Partner	Department of Cultural Affairs	Mott Haven (Bronx)
CNP	Partner	Green City Force	Mott Haven (Bronx)
CNP	Partner	The Fresnel Group	Croton Heights/Cottage Place Gardens
CNP	Partner	Yonkers Public School System	Croton Heights/Cottage Place Gardens
CNP	Partner	Yonkers Community Health Center	Croton Heights/Cottage Place Gardens
CNP	Partner	Community Voices Heard	Croton Heights/Cottage Place Gardens
CNP	Partner	Sarah Lawrence College	Croton Heights/Cottage Place Gardens
CNP	Partner	Yonkers Workforce Investment Board	Croton Heights/Cottage Place Gardens
CNP	Partner	Andrus Foundation	Croton Heights/Cottage Place Gardens
CNP	Partner	Charter School for Excellence	Croton Heights/Cottage Place Gardens
CNP	Partner	Westhab	Croton Heights/Cottage Place Gardens
CNP	Partner	Family and Supportive Services of Yonkers	Croton Heights/Cottage Place Gardens

Partners List

<b>Grant</b>	<b>Type</b>	<b>Organization</b>	<b>Neighborhood</b>
CNP	Partner	Habitat for Humanity	Croton Heights/Cottage Place Gardens
CNP	Partner	Yonkers Police Athletic League	Croton Heights/Cottage Place Gardens
CNP	Partner	Groundwork Hudson Valley	Croton Heights/Cottage Place Gardens
CNP	Partner	Yonkers Community Action Program	Croton Heights/Cottage Place Gardens
CNP	Partner	YMCA	Croton Heights/Cottage Place Gardens
CNP	Partner	Yonkers Partners in Education	Croton Heights/Cottage Place Gardens
CNP	Partner	Yonkers Police Department	Croton Heights/Cottage Place Gardens
CNP	Partner	Lower Hudson Valley Perinatal Network	Croton Heights/Cottage Place Gardens
CNP	Partner	Greyston Foundation	Croton Heights/Cottage Place Gardens
CNP	Partner	Community Building Institute	Fairmount
CNP	partner	City of Cleveland	Central Choice
CNP	partner	Sisters of Charity Foundation	Central Choice
CNP	partner	PNC Bank	Central Choice
CNP	partner	Care Alliance	Central Choice
CNP	Partner	United Way	Eugene Field
CNP	Partner	George Kaiser Family Foundation	Eugene Field
CNP	Partner	McCormack Baron Salazar	Eugene Field
CNP	Partner	Wallace Roberts & Todd, LLC	Sharswood/Blumberg
CNP	Partner	City of Philadelphia Office of Housing and Community Development	Sharswood/Blumberg
CNP	Partner	City of Philadelphia Office of the Mayor	Sharswood/Blumberg
CNP	Partner	Girard College	Sharswood/Blumberg
CNP	Partner	Project HOME	Sharswood/Blumberg
CNP	Partner	Philadelphia Police Department	Sharswood/Blumberg
CNP	Partner	Enterprise Center Community Development Corporation	Sharswood/Blumberg
CNP	Partner	Public Health Management Corporation	Sharswood/Blumberg
CNP	Partner	Pennsylvania Horticultural Society	Sharswood/Blumberg
CNP	Partner	Philadelphia Commerce Department	Sharswood/Blumberg
CNP	Partner	Philadelphia Youth Network	Sharswood/Blumberg
CNP	Partner	Philadelphia Works	Sharswood/Blumberg
CNP	Partner	People's Emergency Center	Mantua
CNP	Partner	LISC	Mantua
CNP	Partner	Drexel University	Mantua
CNP	Partner	City of Providence	Olneyville
CNP	Partner	LISC	Olneyville

Partners List

<b>Grant</b>	<b>Type</b>	<b>Organization</b>	<b>Neighborhood</b>
CNP	Partner	Olneyville Housing Corporation	Olneyville
CNP	Partner	Dorgan Architecture and Planning	Our Neighborhoods' Planning District
CNP	Partner	Rhode Island Lo-cal Initiatives Support Corporation	Our Neighborhoods' Planning District
CNP	Partner	City of Woonsocket	Our Neighborhoods' Planning District
CNP	Partner	Rhode Island Housing	Our Neighborhoods' Planning District
CNP	Partner	Family Resources Community Action	Our Neighborhoods' Planning District
CNP	Partner	Connecting for Children and Families	Our Neighborhoods' Planning District
CNP	Partner	Thundermist Health Center	Our Neighborhoods' Planning District
CNP	Partner	Riverzedge Arts	Our Neighborhoods' Planning District
CNP	Partner	Woonsocket Prevention Coalition	Our Neighborhoods' Planning District
CNP	Partner	Even Start	Our Neighborhoods' Planning District
CNP	Partner	Head Start	Our Neighborhoods' Planning District
CNP	Partner	Rhode Island Legal Services	Our Neighborhoods' Planning District
CNP	Partner	Jackson Police Department	Allenton Heights
CNP	Partner	Jackson Madison County Board of Education	Allenton Heights
CNP	Partner	West Tennessee Healthcare	Allenton Heights
CNP	Partner	Tennessee Technology Center	Allenton Heights
CNP	Partner	Urban Collage	Midtown
CNP	Partner	City of Kingsport	Midtown
CNP	Partner	Greater Kingsport Alliance for Development	Midtown
CNP	Partner	Eastern Eight Community Development	Midtown
CNP	Partner	Northeast State Community College	Midtown
CNP	Partner	Kingsport Boys and Girls Club	Midtown
CNP	Partner	Literacy Council of Kingsport	Midtown
CNP	Partner	Operation Breakthrough (Head Start)	Midtown
CNP	Partner	Rural Health Services Consortium	Midtown
CNP	Partner	Frontier Health	Midtown
CNP	Partner	City of Kingsport Police and Fire Department	Midtown
CNP	Partner	Employability Training & Consulting Services	Midtown
CNP	Partner	Alliance for Business & Training	Midtown
CNP	Partner	Sullivan County Department of Human Services	Midtown
CNP	Partner	Eastman Chemical	Midtown
CNP	Partner	Domtar	Midtown
CNP	Partner	City of Kingsport Economic Development	Midtown

Partners List

<b>Grant</b>	<b>Type</b>	<b>Organization</b>	<b>Neighborhood</b>
CNP	Partner	Kingsport Chamber of Commerce	Midtown
CNP	Partner	Kingsport Tomorrow	Midtown
CNP	Partner	South Central Kingsport Community Development Corporation	Midtown
CNP	Partner	Kingsport Area Transport Service	Midtown
CNP	Partner	Wellmont's Holston Valley Medical Center	Midtown
CNP	Partner	The Fresh Start Foundation	Midtown
CNP	Partner	United Way of Greater Kingsport	Midtown
CNP	Partner	City of Memphis	Vance Avenue Neighborhood
CNP	Partner	University of Memphis	Vance Avenue Neighborhood
CNP	Partner	Metropolitan Interfaith Association	Vance Avenue Neighborhood
CNP	Partner	Memphis Police Department	Vance Avenue Neighborhood
CNP	Partner	Renaissance Business Center	Vance Avenue Neighborhood
CNP	Partner	RISE Foundation	Vance Avenue Neighborhood
CNP	Partner	United Way	EaspPoint (formerly Eastside)
CNP	Partner	Habitat for Humanity	St. Paul's Area
CNP	Partner	Carilion Clinic	Loudon- Melrose/Shenandoah West
CNP	Partner	City of Roanoke	Loudon- Melrose/Shenandoah West
CNP	Partner	Council of Community Services	Loudon- Melrose/Shenandoah West
CNP	Partner	Goodwill Industries of the Valley	Loudon- Melrose/Shenandoah West
CNP	Partner	Habitat for Humanity of the Roanoke Valley	Loudon- Melrose/Shenandoah West
CNP	Partner	Loudon-Melrose Neighborhood Organization	Loudon- Melrose/Shenandoah West
CNP	Partner	Melrose Towers Resident Council and Joint Resident Council, Inc.	Loudon- Melrose/Shenandoah West
CNP	Partner	New Horizons Healthcare	Loudon- Melrose/Shenandoah West

Partners List

<b>Grant</b>	<b>Type</b>	<b>Organization</b>	<b>Neighborhood</b>
CNP	Partner	Rebuilding Together – Roanoke	Loudon- Melrose/Shenandoah West
CNP	Partner	Roanoke City Public Schools	Loudon- Melrose/Shenandoah West
CNP	Partner	Roanoke Regional Housing Network	Loudon- Melrose/Shenandoah West
CNP	Partner	RRHA Joint Resident Council	Loudon- Melrose/Shenandoah West
CNP	Partner	Total Action for Progress	Loudon- Melrose/Shenandoah West
CNP	Partner	United Way of Roanoke Valley	Loudon- Melrose/Shenandoah West
CNP	Partner	Valley Metro	Loudon- Melrose/Shenandoah West
CNP	Partner	Sacramento Housing and Redevelopment Agency	River District/Railyards
CNP	Partner	Camiros	Rosewood
CNP	Partner	McCormack Baron Salazar	Rosewood
CNP	Partner	City of Austin	Rosewood
CNP	Partner	Austin Police	Rosewood
CNP	Partner	Capital Metro	Rosewood
CNP	Partner	Austin ISD	Rosewood
CNP	Partner	University of Texas	Rosewood
CNP	Partner	Austin Community College	Rosewood
CNP	Partner	CommUnity Care	Rosewood
CNP	Partner	Boys & Girls Clubs	Rosewood
CNP	Partner	Communities in Schools	Rosewood
CNP	Partner	EGBI	Rosewood
CNP	Partner	Family Eldercare	Rosewood
CNP	Partner	Goodwill	Rosewood
CNP	Partner	LifeWorks	Rosewood
CNP	Partner	Wallace Roberts & Todd	Mt. Ephraim
CNP	Partner	The Michaels Organization	Mt. Ephraim
CNP	Partner	Nationwide Housing Management	Mt. Ephraim
CNP	Partner	Grapevine Development (GVD)	Mt. Ephraim
CNP	Partner	Better Tomorrows	Mt. Ephraim
CNP	Partner	Camden Coaliti-on of Healthcare Providers	Mt. Ephraim

Partners List

<b>Grant</b>	<b>Type</b>	<b>Organization</b>	<b>Neighborhood</b>
CNP	Partner	Camden City School District	Mt. Ephraim
CNP	Partner	City of Camden	Mt. Ephraim
CNP	Partner	Camden Redevelopment Authority	Mt. Ephraim
CNP	Partner	Coopers Ferry Partnership	Mt. Ephraim
CNP	Partner	Delaware Regional Planning Commission	Mt. Ephraim
CNP	Partner	Camden SMART (Stormwater Management and Resource Training)	Mt. Ephraim
CNP	Partner	Urban Collage	East Central Columbia
CNP	Partner	City of Columbia Community Development Department	East Central Columbia
CNP	Partner	Columbia Housing Development Corporation	East Central Columbia
CNP	Partner	Benedict College and Allen University	East Central Columbia
CNP	Partner	Providence Hospital	East Central Columbia
CNP	Partner	Palmetto Health	East Central Columbia
CNP	Partner	Richland One Schools	East Central Columbia
CNP	Partner	Richland County First Steps	East Central Columbia
CNP	Partner	Midlands Technical College	East Central Columbia
CNP	Partner	University of South Carolina	East Central Columbia
CNP	Partner	Midlands Workforce Development Board	East Central Columbia
CNP	Partner	United Way of the Midlands	East Central Columbia
CNP	Partner	Richland Library	East Central Columbia
CNP	Partner	Eau Claire Promise Zone	East Central Columbia
CNP	Partner	Spartanburg County Parks (Cleveland Park)	Spartanburg Northside
CNP	Partner	Mary Black Foundation	Spartanburg Northside
CNP	Partner	Northside Voyagers	Spartanburg Northside
CNP	Partner	Northside Planning Committee	Spartanburg Northside
CNP	Partner	Northside Redevelopment Group	Spartanburg Northside
CNP	Partner	Butterfly Foundation	Spartanburg Northside
CNP	Partner	United Way of the Piedmont	Spartanburg Northside
CNP	Partner	South Carolina Association of Community Development	Spartanburg Northside
CNP	Partner	Arts Partnership of Greater Spartanburg	Spartanburg Northside
CNP	Partner	Duke Energy Foundation	Spartanburg Northside
CNP	Partner	JM Smith Foundation	Spartanburg Northside

APPENDIX C:  
Research Randomizer

DOWNLOAD

PRINT

CLOSE

## RESULTS

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1 Set of **107 Unique Numbers**

Range: From **2 to 783**— **Sorted from Least to Greatest**

**Set #1**

p1=5, p2=6, p3=12, p4=14, p5=33, p6=47, p7=55, p8=59, p9=72, p10=77, p11=80, p12=88, p13=89, p14=92, p15=98, p16=100, p17=101, p18=102, p19=106, p20=115, p21=130, p22=135, p23=141, p24=145, p25=170, p26=179, p27=196, p28=206, p29=207, p30=208, p31=212, p32=216, p33=225, p34=226, p35=228, p36=239, p37=251, p38=263, p39=273, p40=280, p41=281, p42=289, p43=299, p44=300, p45=304, p46=306, p47=317, p48=328, p49=347, p50=350, p51=354, p52=363, p53=377, p54=381, p55=385, p56=390, p57=402, p58=408, p59=410, p60=421, p61=428, p62=430, p63=435, p64=448, p65=452, p66=455, p67=460, p68=463, p69=466, p70=468, p71=472, p72=483, p73=488, p74=491, p75=495, p76=510, p77=513, p78=530, p79=534, p80=536, p81=553, p82=562, p83=563, p84=569, p85=583, p86=585, p87=586, p88=587, p89=615, p90=629, p91=638, p92=641, p93=658, p94=660, p95=667, p96=687, p97=692, p98=704, p99=706, p100=735, p101=736, p102=744, p103=751, p104=756, p105=774, p106=777, p107=783

APPENDIX D:

Institutional Review Board Approval:

Protocol Exemption Report and Application For Use of Human Participants In Research



**Institutional Review Board (IRB)  
For the Protection of Human Research Participants**

**PROTOCOL EXEMPTION REPORT**

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**Protocol Number:** 03779-2019

**Investigator:** Latoya James

**Supervising Faculty:** Dr. Penelope Schmidt

**PROJECT TITLE:** *Hierarchy of Community Needs*

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**INSTITUTIONAL REVIEW BOARD DETERMINATION:**

This research protocol is **Exempt** from Institutional Review Board (IRB) oversight under Exemption **Category 2**. Your research study may begin immediately. If the nature of the research project changes such that exemption criteria may no longer apply, please consult with the IRB Administrator ([irb@valdosta.edu](mailto:irb@valdosta.edu)) before continuing your research.

---

**ADDITIONAL COMMENTS:**

- *Upon completion of the research study all data (pseudonym/name list, email addresses and correspondence, etc.) must be securely maintained (locked file cabinet, password protected computer, etc.) and accessible only by the researcher for a minimum of 3 years.*

***If this box is checked, please submit any documents you revise to the IRB Administrator at [irb@valdosta.edu](mailto:irb@valdosta.edu) to ensure an updated record of your exemption.***

*Valdosta State University*  
**APPLICATION FOR USE OF HUMAN PARTICIPANTS IN RESEARCH**

**EXEMPT APPLICATION**

**INSTRUCTIONS:** Complete all required information, and check appropriate boxes. Attach all CITI training documents, answers to questions 12–15, and obtain all required signatures before submitting to the Office of Sponsored Programs & Research Administration.

**Project Title:** Hierarchy of Community Needs

**Project Dates:** 01/18/2019 to 06/30/2019  
MM/DD/YYYY MM/DD/YYYY

**Responsible Researcher:** Latoya A. James

**Mailing Address:** 875 NE 213th TER, Unit 4, N. Miami Beach, FL

**Department:** Public Administration

**Email:** LatJames@Valdosta.edu

**Telephone:** 305-308-6874

**Minimum # of Participants:** 1

**Maximum # of Participants:** 1000

**External Funding:**  Yes  No

**If Yes, Sponsor:** N/A

(Note: If research will be externally funded, include a copy of the proposal or award that describes use of human participants.)

**Supervising Faculty:** Dr. Penelope Schmidt

**Supervising Faculty Email:** pschmidt@valdosta.edu

**VSU Status:**

- FT/PT Faculty
- Adjunct Faculty
- Research Associate
- Administrator/Staff Member
- Graduate Student
  - Doctoral Dissertation
  - Master's Thesis
- Undergraduate Student
  - Senior Project
- Unaffiliated Investigator

Co-Investigator	Institutional Affiliation	Email Address	*IRB FWA #
N/A			

**Note:** Unaffiliated Investigators must fill out the last column IRB FWA # and complete the Unaffiliated Agreement form at the link below:

<http://www.valdosta.edu/academics/graduate-school/research/office-of-sponsored-programs-research-administration/institutional-review-board-irb-for-the-protection-of-human-research-participants.php>

1.  YES  NO Does your proposed study (a) meet the Valdosta State University Institutional Review Board definition of research (as cited below) or (b) does it involve a condition for IRB oversight as listed below?

**VSU IRB Definition of Research:** Valdosta State University describes research as a systematic investigation, including research development, testing and evaluation designed to develop or contribute to generalizable knowledge.

**Conditions:** The following conditions may not meet the definition of “research” as provided above, but will cause your research to be subject to IRB oversight:

- Intent to produce results that will be submitted for peer-reviewed publication or presentation
- Include minors (e.g. those under the age of 18)
- Target potentially vulnerable individuals
- May place pregnant women and/or fetuses at risk of physical harm
- Deal with a topic of sensitive nature in a way which anonymity cannot be sustained
- Involve any activity that places the participants at more than minimal risk (see Question 9 for definition of “minimal risk”)

2.  YES  NO Are the human participants in your study living individuals?

3.  YES  NO Are you collecting information about deceased persons that may put third parties (i.e., surviving spouses and/or living descendants) at more than minimal risk of harm?

4.  YES  NO Will you obtain data through intervention or interaction with living or third party individuals?

“Intervention” includes both physical procedures by which data are gathered (e.g. measurement of heart rate of venipuncture)

“Interaction” includes communication or interpersonal contact between the investigator and participant (e.g. surveying or interviewing)

5.  YES  NO Will you obtain identifiable private information about these individuals?

Private information includes information about behavior that occurs in a context in which an individual can reasonably expect that no observation or recording is taking place. Identifiable means that the identity of the participant maybe ascertained by the investigator.

**Note:** If you have questions as to whether your research requires IRB oversight, additional information is available at our website.

<http://www.valdosta.edu/academics/graduate-school/research/office-of-sponsored-programs-research-administration/institutional-review-board-irb-for-the-protection-of-human-research-participants.php>

**6. EDUCATIONAL REQUIREMENTS:** In accordance with federal regulations, the VSU IRB requires all responsible researchers, co-investigators, key personnel, including unaffiliated investigators, and faculty advising student researchers to complete the CITI educational program. Co-investigators from other institutions are not required to complete this if they have a certificate of completion from their own federally assured IRB.

Please visit: <http://www.citiprogram.org> to complete all of the following mandatory trainings:

1. Introduction
2. History and Ethical Principles
3. Defining Research with Human Subjects
4. The Regulations and the Social and Behavioral sciences
5. Basic Institutional Review Board (IRB) Regulations and Review Process
6. Assessing Risk in Social and Behavioral Sciences
7. Informed Consent
8. Privacy and Confidentiality
9. Valdosta State University Module

**Additional modules may be required for specific types of research. Please check all that apply and complete the corresponding modules:**

Study population targets	Additional CITI Modules Required
<input type="checkbox"/> a. Minors (under the age of 18)	Research with Children
<input type="checkbox"/> b. Public School Children	Research in Public Elementary and Secondary Schools
<input type="checkbox"/> c. Pregnant Women	Vulnerable Subjects
<input type="checkbox"/> d. Prisoners	Research with Prisoners
<input type="checkbox"/> e. Potentially vulnerable individuals (those whose consent maybe compromised due to socio-economic, educational or linguistic disadvantage.)	Research with Protected Populations
<input type="checkbox"/> f. Individuals in foreign countries	International Research
<input type="checkbox"/> g. Individuals from different cultures or individuals from a particular racial/ethnic group	Group Harms: Research with Culturally or Medically Vulnerable groups
<input type="checkbox"/> h. Individuals about whom data will be collected from records (e.g., educational, health, or employment records)	Records-Based Research
<input type="checkbox"/> i. Individuals from or about whom Private Health Information (PHI) subject to HIPAA compliance will be collected	HIPAA and Human Subjects
<input type="checkbox"/> j. Individuals from whom information will be collected via Internet	Internet Research
<input type="checkbox"/> k. VSU Employees	Workers as Research Subjects

7.  YES  NO **Does the primary researcher, co-investigator, or any other key person, have a potential or actual significant financial conflict of interest in performance of the research?** If YES, it is required that the researcher completes the CITI module "Conflicts of Interest in Research Involving Human Subjects" and complete the VSU Conflict of Interest form available at: <http://www.valdosta.edu/grants/forms>

8. As a researcher you are expected to follow VSU's code of ethics. Will there be an additional code of ethics followed?

Include organization's name & Web address: None

9. Name and location of external organization(s) providing research participants (attach letter(s) of cooperation)

N/A

10.  YES  NO  UNCERTAIN

**Does the study present more than minimal risk to the participants?**

"Minimal Risk" means that the risk of harm or discomfort anticipated in the proposed research are not greater, considering probability and magnitude, than those ordinarily encountered in daily life or during performance of routine physical or psychological examinations or tests. Note that the concept of risk includes psychological, emotional, or behavioral risks to employability, economic well-being, social standing, and risk of civil criminal liability.

11. Federal Regulations permit the exemption of some types of research from IRB Committee review.

NOTE: Studies involving *fetuses, pregnant women, children, or prisoners* are not eligible for exemption.

**Category 1:** Research conducted in established or commonly accepted educational settings, involving normal educational practices, such as (i) research on regular and special education instructional strategies, or (ii) research on the effectiveness of or the comparison among instructional techniques, curricula, or classroom management methods.

**Category 2:** Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures or observation of public behavior, unless: (i) information obtained is recorded in such a manner that human subjects can be identified, directly or through identifiers linked to the subjects; and (ii) any disclosure of the human subjects' responses outside the research could reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, or reputation. **Note: This category of exemption is not applicable to research involving minors (45 CFR 46.401 b).**

**Category 3:** Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior that is not exempt under **Category 2** if: (i) the human subjects are elected or appointed public officials or candidates for public office; or (ii) federal statute(s) require(s) without exception that the confidentiality of the personally identifiable information will be maintained throughout the research and thereafter.

**Category 4:** Research involving the collection or study of existing data, documents, records, pathological specimens, or diagnostic specimens, if these sources are publicly available or if the information is recorded by the investigator in such a manner that subjects cannot be identified, directly or through identifiers linked to the subjects.

**Category 5:** Research and demonstration projects which are conducted by or subject to the approval of department or agency heads, and which are designed to study, evaluate, or otherwise examine: (i) Public benefit or service programs; (ii) procedures for obtaining benefits or services under those programs; (iii) possible changes in or alternatives to those programs or procedures; or (iv) possible changes in methods or levels of payment for benefits or services under those programs.

**Category 6:** Taste and food quality evaluation and consumer acceptance studies, (i) if wholesome foods without additives are consumed or (ii) if a food is consumed that contains a food ingredient at or below the level and for a use found to be safe, or agricultural chemical or environmental contaminant at or below the level found to be safe, by the Food and Drug Administration or approved by the Environmental Protection Agency or the Food Safety and Inspection Service of the U.S. Department of Agriculture.

**Please answer each question below (12-15) in 1-3 paragraphs - answers to be submitted as a separate document.**

12. In lay terms, what are the objectives of the proposed research?

13. Describe how the participants and/or data will be collected. Attach copies of posters, brochures, flyers, and/or signed letters of cooperation. Briefly describe the consent process utilized for this research.

14. Describe the research methodology. Attach all questionnaires, assessments, and/or focus group questions. If questionnaires or assessments will be developed during the research project please indicate the general nature of the questions in an attachment.

15. Describe how you will insure the privacy of participants and the confidentiality of the information about them, including how and by whom the data will be collected, managed, stored accessed, rendered anonymous, and destroyed.

**CERTIFICATIONS AND REQUIRED SIGNATURES**

Note: Applications without all required signatures will be not be reviewed.

**Statement of Responsible Researcher:**

I certify that I have completed required training regarding human participant research ethics and am familiar with the ethical guidelines and regulations regarding the protection of human participants from research risks. I will adhere to the policies and procedures of the Valdosta State University Institutional Review Board (IRB). I will not initiate this research project until I receive written exemption or approval from the IRB. I will not involve any participant in the research until I have obtained and documented his/her informed consent as required by the IRB. I agree to (a) report to the IRB any unanticipated problems or adverse events which become apparent during the course or as a result of the research and the actions taken as a result, (b) cooperate with the IRB in the continuing review of this project, (c) obtain prior approval from the IRB before amending or altering the scope of the project or the research protocol, and (d) maintain documentation of consent and research data and reports for a minimum of three years and in accordance with approved data retention and procedures and confidentiality requirements after completion of the final report or longer if required by the sponsor or the institution. I understand that my department chair/unit director/faculty advisor (if I am a student) will receive a copy of my IRB exemption or approval report.

SIGNATURE: \_\_\_\_\_

Responsible Researcher

Date: \_\_\_\_\_

2-11-19

**Statement of Faculty Advisor if Responsible Researcher is a Student:**

I certify that I am familiar with the ethical guidelines and regulations regarding the protection of human participants from research risks and have completed training required by the VSU IRB. I agree to provide guidance and oversight as necessary to the above named student regarding the conduct of his/her research. I will ensure the student's timely requests for protocol modifications and/or continuing reviews, compliance with the ethical conduct of human participant research, and the submission of the final report. I understand that an IRB protocol cannot be closed until final report is submitted, and I agree that, if the student fails to complete a final report, I will be responsible for timely completion and submission of the report.

SIGNATURE: \_\_\_\_\_

Supervising Faculty

Date: \_\_\_\_\_

2-14-19



Completion Date 26-Aug-2017  
Expiration Date 25-Aug-2020  
Record ID 24311929

This is to certify that:

**Latoya James**

Has completed the following CITI Program course:

**Human Research** (Curriculum Group)  
**IRB Basic** (Course Learner Group)  
**1 - Basic Course** (Stage)

Under requirements set by:

**Valdosta State University**



Collaborative Institutional Training Initiative

Verify at [www.citiprogram.org/verify/?wfe46ab22-08d6-47d9-aa92-51ccb7e66779-24311929](http://www.citiprogram.org/verify/?wfe46ab22-08d6-47d9-aa92-51ccb7e66779-24311929)

**12. In lay terms, what are the objectives of the proposed research?**

The study seeks to ascertain the perceptions and preferences of public administrators and practitioners who are involved in community development, community change, and collaborative partnerships. The purpose of this research project is to develop a community change framework based on Abraham Maslow's hierarchy of needs as expounded in his theory of motivation. Specifically, the objective is to examine public administrators' perceptions of existing community change frameworks and the potential usefulness of the Hierarchy of Community Needs framework (community change framework based on Maslow's hierarchy of needs).

**13. Describe how the participants and/or data will be collected. Attach copies of posters, brochures, flyers, and/or signed letters of cooperation. Briefly describe the consent process utilized for this research.**

Participants will be selected from agencies and organizations that received U.S. Department of Housing and Urban Development (HUD) Choice Neighborhood Planning and/or Implementation grants (CNP&I). Participants for this study will include public administrators and practitioners from CNP&I lead grantees and partner organizations. Names of lead grantee organizations are published on HUD's Choice Neighborhoods' website, <https://www.hud.gov/cn>. Names of partner organizations were identified within and collected from two reports published on HUD's Choice Neighborhoods' website, "Choice Neighborhoods 2015 Grantee Report" and "Choice Neighborhoods 2017 Implementation Grant Awards".

A questionnaire will be used to collect data from participants. The questionnaire will be disseminated through email and data will be collected electronically via a web-based survey platform. Participant email addresses will be obtained through an internet search of CNP&I grantees and partner organizations.

The following research consent language is incorporated in the survey's introduction and research description: "Your completion of the survey serves as your voluntary agreement to participate in this research project and your certification that you are 18 or older". Respondents' participation in the survey implies agreement.

Posters, brochures, flyers, and cooperation letters will be not used for this study.

**14. Describe the research methodology. Attach all questionnaires, assessments, and/or focus group questions. If questionnaires or assessments will be developed during the research project please indicate the general nature of the questions in an attachment.**

The study will survey public administrators and practitioners who have past and current involvement in community change or collaborative community development initiatives. Quantitative and qualitative methods will be used to analyze public administrators' and practitioners' perceptions and explore a connection between the proposed Hierarchy of Community Needs and field data. Quantitative data will be collected from multiple choice and Likert-type scale questions and qualitative data will be obtained via open-ended questions. The

survey will measure (1) administrators' and practitioners' perceptions of CCI frameworks; (2) barriers encountered during development and implementation of CCI and responses to barriers; (3) outcomes and resources; (4) resident engagement and involvement; (5) collaboration and network development efforts; and (6) socio-economic issues. The questionnaire is attached as Attachment A.

The population for this study is CNP&I lead grantees and partner organizations which produced a sampling frame of 895 organizations, 101 lead grantees and 794 partner organizations. A stratified random sample will be used to garner a representative sample of lead grantees and partner organizations. Due to the small population of CNP&I lead grantees, all lead grantees will be included in the sample. Approximately 100 partner organizations will be randomly selected.

Descriptive statistics will be used to describe, summarize, and explore relationships between variables. Crosstabulation comparisons between variables (public administrators' and practitioners' preferences, organizational demographics, against CCI socio-economic focus) will be completed to determine if any relationships exist among the variables. Chi-square statistics will be used to determine the significance of the relationships and to test the hypotheses (accept or reject). Findings will be used to assess the perceived benefits of the incorporation of Community Hierarchy of Needs in CCIs and the application of Maslow's theory of motivation to community development.

**15. Describe how you will insure the privacy of participants and the confidentiality of the information about them, including how and by whom the data will be collected, managed, stored accessed, rendered anonymous, and destroyed.**

Data will be collected via an online survey platform. The researcher and dissertation committee members will have access to survey data. The data will be managed by the researcher. Data will be stored on the online survey platform and on the researcher's laptop. The laptop is password protected and only the researcher knows the password.

The survey is confidential and does not require participants to enter identifiable information such as name, identification number (social security or drivers' license numbers), employer, or address. The web-based survey platform will not automatically collect identifiable information as part of the reporting process. Participants will have the ability to (1) respond to the survey anonymously or (2) option out of anonymity by including their name and contact information for follow up questions.

Confidentiality of participants who voluntarily provided their name and contact information will be maintained via the below:

- Respondents' identifiable information will be maintained separately from responses.
- Respondents' name and contact information will not be reported with results or comments.
- Survey results will be aggregated.

- Respondents will be coded with a unique identifier. The identifier will be based on the month, day and time of the follow up. Example: if the interview occurs on February 1<sup>st</sup> at 1:45 p.m., the identifier will be 0201145p.
- Respondents' name and identifiers will be maintained separately.
- Respondents' name and contact information will not be available to anyone other than the researcher.
- Respondents' name and contact information will be deleted three (3) years after approval of dissertation defense and submittal of final dissertation.

# CCI - 010819

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## Start of Block: Introduction and Background

Title

### **Community Change Initiatives Survey**

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Intro Thank you taking the time to complete the below survey. You are being asked to participate in a survey research project entitled “Hierarchy of Community Needs” which is being conducted by Latoya A. James, a graduate student at Valdosta State University. This survey is confidential and identifiable information such as your name or other personal information will be coded to ensure confidentiality. No one, including the researcher, will be able to associate your responses with your identity. Your participation is voluntary. You may choose not to take the survey, to stop responding at any time, or to skip any questions that you do not want to answer. You must be at least 18 years of age to participate in this study. Your completion of the survey serves as your voluntary agreement to participate in this research project and your certification that you are 18 or older. This survey is being conducted as part of a research study on community change initiatives (CCIs). CCIs are comprehensive, holistic, collaborative community development initiatives, projects, and or programs that seek to improve community well-being (residents’ quality of life and economy). The survey will ask you general questions about your public administration and community development experience. It will also ask you questions about your views and perceptions of CCIs, CCI outcomes, and CCI frameworks. This survey will take approximately 10 minutes. You will have an opportunity to voluntarily share personal information such as name and phone number at the end of this survey. Any personal information that you share will be separated from your survey responses and kept confidential. Questions regarding the purpose or procedures of the research should be directed to Latoya A. James at XXX-XXXXXXX or Latjames@valdosta.edu. This study has been exempted from Institutional Review Board (IRB) review in accordance with Federal regulations. The IRB, a university committee established by Federal law, is responsible for protecting the rights and welfare of research participants. If you have concerns or questions about your rights as a research participant, you may contact the IRB Administrator at 229-259-5045 or irb@valdosta.edu.

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Q2 First, I will ask you a few questions about you and your community development experience.

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Q3 Type of Employment:

- Government (district, local, state, federal) or Government Agency (1)
  - Non-profit (community-based org., community development corp., etc.) (2)
  - For-profit (community development firm, consultant, etc.) (3)
  - Private Foundation/Funder (4)
  - Other (5)
- 

Q4 How long have you worked in community development and/or community initiatives?

- Less than 5 years (1)
  - 5 - 10 years (2)
  - More than 10 years (3)
- 

Q5 Approximately how many people work in your organization?

- 1 - 25 (1)
  - 26 - 50 (2)
  - More than 50 (3)
- 

Q6 Are you or have you been involved with a community change initiative or community focused collaboration?

- Yes (1)
- No (2)

*Skip To: End of Survey If Are you or have you been involved with a community change initiative or community focused collabo... = No*

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Q7 Is your organization a recipient of one of the below HUD grants?

- Choice Neighborhood Planning Grant (1)
  - Choice Neighborhood Implementation Grant (2)
  - Both (3)
  - Neither (4)
  - I am not sure (5)
- 

*Display This Question:*

*If Is your organization a recipient of one of the below HUD grants? = Choice Neighborhood Planning Grant*

*Or Is your organization a recipient of one of the below HUD grants? = Choice Neighborhood Implementation Grant*

*Or Is your organization a recipient of one of the below HUD grants? = Both*

Q8 Is your organization the lead grantee or partner organization?

- Lead Grantee (1)
- Partner Organization (2)

**End of Block: Introduction and Background**

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**Start of Block: Community Change Initiatives and Collaborations**

CCI Next, I will ask your opinion on community change initiatives (CCI) and other community focused collaborative-type initiatives.

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Q9 What socio-economic issues are the focus of your CCI/collaboration efforts? (select all that apply)

- Poverty (1)
  - Low-income (2)
  - K- 12 education (3)
  - Affordable housing (4)
  - Homelessness (5)
  - Crime (6)
  - Healthcare (7)
  - Employment opportunities (8)
  - Workforce development/readiness (soft skills, vocational training, and college education (9)
  - Economic/business development (10)
  - Other: (11) \_\_\_\_\_
-

Q10 To what extent do you agree or disagree that CCIs are an effective method to improve community well-being?

- Strongly agree (1)
  - Agree (2)
  - Somewhat agree (3)
  - Neither agree nor disagree (4)
  - Somewhat disagree (5)
  - Disagree (6)
  - Strongly disagree (7)
- 

Q11 Tell me about the opportunities and challenges you experienced with development and implementation of CCIs

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Q12 Which of these barriers have you experienced with developing or implementing CCIs?  
(select all that apply)

- None (1)
- Status quo (residents, businesses, and/or politicians are content with and don't want to change the community) (2)
- Lack of authority (you or your organization don't have the social or political power make or lead change) (3)
- Lack of legitimacy (residents and other stakeholders don't trust your motives, and/or you are seen as an outsider) (4)
- Limited funding (little to no funding and/or funding is stretched too thin to make an impact) (5)
- Limited human resources (lack staff, residents, partners, and other stakeholders to participate in and lead the change process) (6)
- Limited resident participation (residents are not involved in the change process and do not participate in change activities such as meetings) (7)
- Limited collaboration and network participation (lack of participation from professionals, community-based groups, social groups and associations, community leaders, government officials and staff, and local institutions) (8)
- Other: (9) \_\_\_\_\_

End of Block: Community Change Initiatives and Collaborations

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Start of Block: Resident Involvement

Residents **The following questions will ask your opinion on resident involvement.**

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Q13 To what extent do you agree or disagree that resident involvement improves the following processes...

	Strongly agree (1)	Agree (2)	Neither agree nor disagree (3)	Disagree (4)	Strongly disagree (5)
Goal Setting (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mission and Vision Development (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Plan and/or Program Development (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Plan and/or Program Implementation (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outcomes (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q14 To what extent do you agree or disagree with the following statements...

	Strongly agree (1)	Agree (2)	Neither agree nor disagree (3)	Disagree (4)	Strongly disagree (5)
Residents were ready for change (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Residents were capable of leading the CCI (they had time, knowledge, and willingness to lead) (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Time commitment was a barrier/obstacle to resident involvement (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Residents consistently participated in CCI activities (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Q15 Tell me about the barriers/challenges you encountered when engaging residents?

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End of Block: Resident Involvement

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Start of Block: Collaboration and Networks

Collaborations **The following questions will ask about your experience with community collaborations and networks.**

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Q16 How many organizations (agencies, foundations, funders, businesses, non-profits, for-profits) are members of the CCI/collaborative?

1 - 10 (1)

11-20 (2)

21+ (3)

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Q17 To what extent do you agree or disagree with the following statements.

	Strongly agree (1)	Agree (2)	Neither agree nor disagree (3)	Disagree (4)	Strongly disagree (5)
Social connections (resident associations, clubs, churches, parent groups, etc.) within the community assist with CCI development and implementation? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professional networks (business associations, chambers of commerce, etc.) within the community assist with CCI development and implementation? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social connections and professional networks improve CCI outcomes? (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Collaborations and networks increase project funding? (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

End of Block: Collaboration and Networks

Start of Block: CCI Preferences

Preferences **CCIs typically target several social and economic issues at once (poverty, education, housing, crime, and employment). The following questions will ask your opinions and preferences regarding CCIs and their outcomes.**

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Q18 What impact does CCIs focused on a single socio-economic issues have on the following?

Resident involvement (1)	▼ Extremely positive (1) ... Extremely negative (5)
Organizational capacity (staff and infrastructure) (2)	▼ Extremely positive (1) ... Extremely negative (5)
Financial resources (org. budget allocation, grant awards, and foundation/private funding) (3)	▼ Extremely positive (1) ... Extremely negative (5)
Outcomes (4)	▼ Extremely positive (1) ... Extremely negative (5)

---

Q19 What impact does CCIs focused on multiple socio-economic issues have on the following?

Resident involvement (1)	▼ Extremely positive (1) ... Extremely negative (5)
Organizational capacity (staff and infrastructure) (2)	▼ Extremely positive (1) ... Extremely negative (5)
Financial resources (org. budget, grant awards, and foundation/private funding) (3)	▼ Extremely positive (1) ... Extremely negative (5)
Outcomes (4)	▼ Extremely positive (1) ... Extremely negative (5)

---

Q20 In your opinion, would a CCI framework that targets and builds on the achievement of one lower level community needs (hunger, shelter, and safety) prior to targeting higher-level needs be useful?

- Extremely useful (1)
- Somewhat useful (2)
- Neither useful nor useless (3)
- Somewhat useless (4)
- Extremely useless (5)

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Page Break

Q21 Please explain why this type of CCI would be  $\{Q20/ChoiceGroup/SelectedChoices\}$

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Q22 In your opinion which CCI would produce sustained success (improve well-being over the long-term)?

- Multi-factor CCI (focused on more than one socio-economic issue) (1)
- Single-factor CCI (focused on a single socio-economic issue) (2)

Q23 To what extent would you prefer...

	Prefer a great deal (1)	Prefer a lot (2)	Prefer a moderate amount (3)	Prefer slightly (4)	Do not prefer (5)
A CCI focused on multiple socio-economic issues (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A CCI that is focused on one socio-economic issue (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A CCI that builds on the achievement of meeting basic resident/community needs (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

End of Block: CCI Preferences

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**Start of Block: Exit**

Outro Thank you for participating in this survey! It might be necessary for the researcher to ask follow-up questions about your experience with CCIs. Follow-up questions help with improving community well-being and understanding challenges. If you are willing to be contacted for follow-up, please provide your name and contact information. The below information will be stored separately from the survey to maintain confidentiality.

Name: (1) \_\_\_\_\_

Phone #: (2) \_\_\_\_\_

Email Address: (3) \_\_\_\_\_

**End of Block: Exit**

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**Start of Block: Exit**

Outro Thank you for participating in this survey! It might be necessary for the researcher to ask follow-up questions about your experience with CCIs. Follow-up questions help with improving community well-being and understanding challenges. If you are willing to be contacted for follow-up, please provide your name and contact information. The below information will be reported separately from the survey to maintain confidentiality.

Name: (1) \_\_\_\_\_

Phone #: (2) \_\_\_\_\_

Email Address: (3) \_\_\_\_\_

**End of Block: Exit**

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## **Community Change Initiatives Research**

### **Introduction**

Thank you for allowing me to follow up with you for my research study. My research focuses on community change initiatives (CCIs) and seeks to develop a community change framework based on Abraham Maslow's hierarchy of needs. The interview will document public administrators' and practitioners' perceptions of existing community change frameworks and the usefulness of the Hierarchy of Community Needs framework, a framework that targets and builds on the achievement on lower level community needs

This interview will last approximately 30 minutes. I will ask you questions about your views and perceptions of CCIs, CCI outcomes, and CCI frameworks.

Previously, you completed a consent form to give me permission to interview you. As discussed and stated in the consent form, identifiable information such as your name or other personal information will be kept confidential. You can withdraw from this study at any time and stop the interview at any time.

Thank you,

### **Community Change Initiatives**

**First, I will ask your opinion on community change initiatives and other community focused collaborative-type initiatives.**

1. In the survey, I asked about resident participation.
  - a. What impacts residents' participation/involvement the most?
  - b. Is this due to the comprehensive nature of CCIs?
2. I also asked about CCI resources such as staff and finances.
  - a. How is staff impacted by CCIs?
  - b. What strains staff capacity the most?
  - c. Do you have the money required to develop and implement the CCI successfully?
  - d. What strains CCI funding the most?
3. In the survey, I ask about CCI success and outcomes.
  - a. How are CCI success and outcomes impacted?
  - b. In your opinion, what makes CCIs successful?
  - c. In your opinion, what prevents CCIs from being successful?

### **CCI Framework**

The following questions will ask your opinions and preferences regarding CCIs frameworks.

1. In the survey, I asked about a CCI framework that targets and builds on the achievement on lower level community needs (hunger, shelter, and safety). Tell me what could make this type of framework successful?
  - a. Why?

### **General Comment**

1. Is there anything else that you want to tell me about your experience with CCIs?

Thank you, again, for allowing me to interview you. I appreciate the time you took to answer the study questions. The information that you provided will greatly assist me with my research. I will transcribe this interview and provide it to you for review. Responses from this interview with other interviews will be compiled and analyzed for educational purposes.

In case you have any questions, you can email me at [latjames@valdosta.edu](mailto:latjames@valdosta.edu) or call me at XXX-XXX-XXXX. I might contact you again if I need to clarify any information or ask additional questions. You might also be contacted to check that your responses were documented properly.

Thank you and have a good evening.