Community Leadership Learning Initiative (CLLI)

Nexus Community Partners and Robert Wood Johnson Foundation

CLLI Leadership Survey Phase I Report

Submitted to Community Leadership and Learning Initiative (CLLI)
Team of Nexus Community Partners

May 2020

Nexus supports strong, equitable and just communities in which all residents are engaged, are recognized as leaders and have pathways to opportunities.

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Contents

Executive Summary

I. INTRODUCTION AND BACKGROUND

This report to the Community Leadership and Learning Initiative (CLLI) Team of Nexus Community Partners summarizes the findings of the pre-CLLI leadership survey, which was completed in February 2020 by community organization staff; leaders or equity champions with no specific organizational affiliation; Nexus staff, partners, and consultants; and Robert Wood Johnson Foundation (RWJF) staff and affiliates. The purpose of the survey was to learn how participants define and think about community leadership values, processes, strategies, and practices. The survey was designed to gather information about community leadership knowledge prior to the initiative's first session, the results of which are reported here, and again after the initiative's final session to see if responses have changed.

II. KEY FINDINGS

Although twenty-nine CLLI participants completed the survey, some did not answer all questions, so the number of responses to the twenty-eight questions varied. Survey respondents represented seven geographic locations—Louisiana, Michigan, Minnesota, New Jersey, New York, Texas, and Washington, D.C.—and served a range of local, statewide, regional, and global service areas. The largest number of respondents were from Minnesota and New York. Results were organized according to survey questions and topics derived from what research has found to be indicators of community leadership values, processes, strategies, and practices. The findings are arranged under five headings: (A) Preferred Community Leadership Approaches, (B) Leadership and Community Engagement, (C) Leadership in Communities Facing Systemic Inequities, (D) Community Leadership and Social Determinants of Health

(SDOH), and (E) Additional Community Leadership Comments.

A. Preferred Community Leadership Approaches

- **Respondents' Preferred Leadership, Decision-making, and Community-Building Approaches:** The favored approaches identified by participants were bottom-up; consensus; collaborating upfront; and circular or flat.

- **Words and Phrases Respondents Used to Describe Community Leadership Styles:** The greatest number of respondents described their leadership as collaborative. Other words and terms used were also associated with collaborative leadership: open-minded, community-connected, capacity builder, authentic, assertive, transformational, cross-cultural, eclectic, and accountable.

B. Leadership and Community Engagement

- **Respondents' Preferred Community Engagement Processes:** Most respondents indicated that they favored community building that focuses on longer-term, sustainable economic development.

- **Words and Phrases Respondents Used to Describe Community Engagement:** Descriptions of community engagement fell into five categories: inclusive, synergistic, identifying issues and strategies and taking action, alternative, and challenging.

C. Leadership in Communities Facing Systemic Inequities

- **Respondents' Preferred Leadership, Decision-making, and Community-building Approaches:** In the specific context of communities that are facing systemic inequities, respondents' preferred approaches were bottom-up and consensus building.

- **Words and Phrases Used to Describe the Most Effective Leadership Style at Creating Positive Change:** Participants provided ten main descriptors of effective leadership: collaborative, servant leadership, action-oriented, accountable, holistic, efficient, asset-based, capacity-building, emergent, and equitable.

- **Perspectives on Successful Leaders in Communities Facing Systemic Inequities:** Most of the respondents felt that such leaders typically come from inside the communities they serve, heavily factor in the influence of the past, emphasize community values, strive for acculturation while retaining unique cultural markers, and consider reconciliation an important step in making progress.

- **Actions and Impacts of Successful Leaders Who Create Positive Change in Communities Facing System Inequities:** The majority of respondents identified nine actions and impacts as extremely important in creating positive change in such communities: (1) identifying internal barriers to progress; (2) addressing external and institutional barriers and perceptions; (3) engaging with natural leaders in the community; (4) involving the community in all phases of the process; (5) using storytelling to share experiences and emotions; (6) seeking insights from elders; (7) soliciting input from younger generations; (8) gathering information from the community about unique needs and situations, and (9) advocating for community representation in mainstream organizations and activities.

- **Storytelling, Visual, and Arts-Based Community Leadership Techniques:** Most of the respondents indicated that storytelling and visuals are extremely important in community leadership work.

- **Best Reasons to Consider Using Storytelling, Visual, and/or Arts-Based Techniques:** More than half of the survey respondents believed that the best reasons to consider using storytelling as a community leadership technique were to allow issues to surface more naturally; understand emotional aspects of experiences; increase understanding and reduce biases due to differences in languages, traditions, and education; emphasize or amplify absent narratives; and give a voice to a wider range of individuals and groups.

D. Community Leadership and Social Determinants of Health (SDOH)

- **SDOH Areas Most Closely Aligned with Respondents' Work:** The three SDOH areas selected by a majority of the respondents were social and community contexts, food access and quality, and health and health care.

- **Community Leadership Priorities When Striving to Create a Culture of Health:** Respondents indicated that initial priorities should be efforts to improve access to high-quality and affordable housing, food, and health care and to strengthen the social and community context, physical environment, and economic stability of the community.

E. Additional Community Leadership Comments: A few respondents offered additional comments about their community leadership styles that highlighted strong commitments to shared power and privileges with other leaders and acknowledged the interdependence of leaders and the communities they serve.

III. OBSERVATIONS, LIMITATIONS, AND RECOMMENDATIONS

Among the limitations of the initial survey is approaching the role of community leadership based on existing literature, it did not deeply explore community leadership challenges, and the social, cultural, and intersectional aspects of leadership were not clearly dissociated in its examples and contexts. Nonetheless, those limitations should not prevent readers from appreciating the survey's findings, which reinforce the relevance of community leadership practices and identify some of the difficulties, critical zones, and parameters of community leadership.

Based on the survey's findings, we recommend that the CLLI Team of Nexus Community Partners take the following actions:

1 Distribute and discuss this report with CLLI participants, including staff, partners, and consultants.

2 Continue the initiative's data-gathering work to refine key findings about what constitutes healthy and vibrant community leadership and what values, processes, strategic alliances, and other collaborations promote leadership health and sustain wellness in communities.

3 Dig deeper into what community leadership oppression looks like and what kinds of systems, practices, and processes can help end it.

4 Create opportunities for all initiative participants and other interested people to work together to address key issues raised.

5 Survey CLLI participants again at the end of the CLLI webinars to determine if perspectives shift by the close of the CLLI program.

6 Consider adjusting the survey questions with the understanding that it will no longer be possible to directly compare findings if the end survey is not identical to the initial one.

I. Introduction and Background

The goal of the Community Leadership Learning Initiative (CLLI) is to gather case studies and emerging narratives that explore the intersections of culture and leadership in order to deepen collective understanding of community-centered leadership, raise the visibility of community-centered leadership, and demonstrate the value of such work for the field of philanthropy and the broader ecosystem of leadership and community development. The CLLI program, offered by Nexus Community Partners in partnership with the Robert Wood Johnson Foundation (RWJF), is built around the seven core principles of Nexus's community engagement framework: culture, spirituality, healing, history, identity, power relationships, and trust. Nexus's mission is to promote strong, equitable, and just communities in which all residents are engaged, recognized as leaders, and have pathways to opportunities. RWJF's focus areas are health leadership, health systems, healthy communities, and healthy children and families.

As part of this process, the CLLI is collecting data in many forms. This report to the CLLI Team of Nexus Community Partners summarizes the findings of a pre-initiative survey completed in February 2020 by respondents recruited from four main groups: community organization staff; leaders or equity champions with no specific organizational affiliation; Nexus staff, partners, and consultants; and RWJF staff and affiliates. The survey was designed to gather information about how participants define and think about community leadership values, processes, strategies, and practices prior to the initiative's first session, which will later be compared to responses on the same topics after the initiative's final session as a measure of learning outcomes.

II. Key Findings

The survey was based on the existing literature on community leadership with the intent of learning more about the degree to which the participants' leadership practices are consistent with current knowledge and what leadership and work styles the participants believe are most effective. No efforts were made to define how participants should work or what they should work on. The survey had twenty-eight questions and took an average of twenty-six minutes to complete.
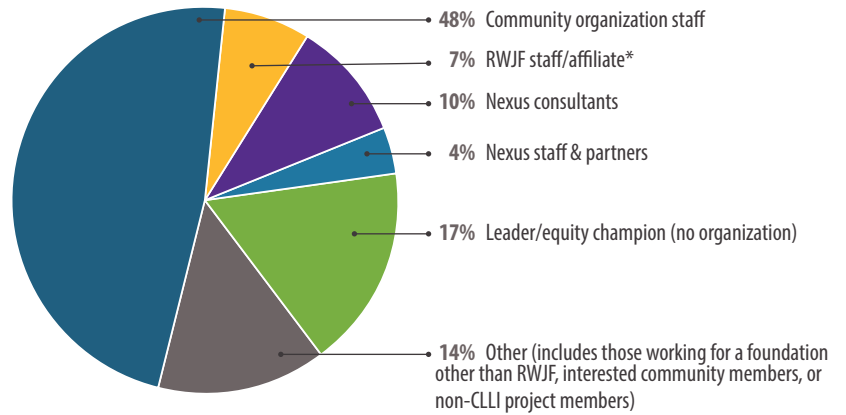
This report on the results of the first survey is divided into five topic areas. The first of these, *General Community Leadership Approaches*, includes preferred community leadership approaches and words and phrases used by respondents to describe community leadership styles. The second, *Leadership and Community Engagement*, comprises respondents' preferred community engagement processes and words and phrases that respondents used to describe community engagement. The third topic, *Leadership in Communities Facing Systemic Inequities*, includes leading in communities facing systemic inequities; words and phrases used to describe the most effective leadership characteristics in creating positive change in such communities; perspectives on successful leaders in such communities; the actions and impacts of successful leaders who create positive change in such communities; storytelling, visual, and arts-based community leadership techniques; and the best reasons to consider using storytelling, visual, and/or arts-based techniques. This is followed by *Community Leadership and Social Determinants of Health (SDOH)*, consisting of community leadership priorities when striving to create a culture of health, and finally by *Additional Community Leadership Comments*.

Questions 1-3 of the survey asked respondents to identify their role in CLLI, the service area of their organization, and the locale in which they work most often, the results of which are reported in the following graphics. The number of respondents was too low to categorize answers to the other survey questions according to participants' roles, service areas, or where respondents most often work without breaching confidentiality.

CLLI LEADERSHIP SURVEY PHASE I

RESPONDENTS • 29 (53%)
SURVEY INVITATIONS • 54 (100%)

Respondents' Roles in CLLI

- 48% Community organization staff
- 7% RWJF staff/affiliate*
- 10% Nexus consultants
- 4% Nexus staff & partners
- 17% Leader/equity champion (no organization)
- 14% Other (includes those working for a foundation other than RWJF, interested community members, or non-CLLI project members)

Where Participants Most Often Work

- 55% Minnesota
- 7% Washington, DC
- 7% Texas
- 7% New Jersey
- 7% Louisiana
- 14% New York
- 3% Michigan
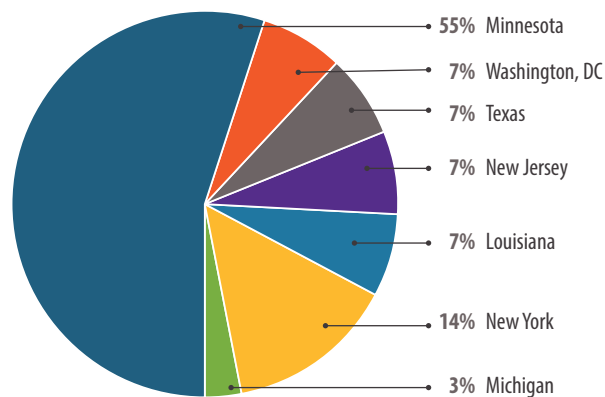
Service Area of Respondents Work or Organization

- 55% Local
- 14% State
- 14% National
- 11% Global
- 3% Regional
- 3% Varies/Other
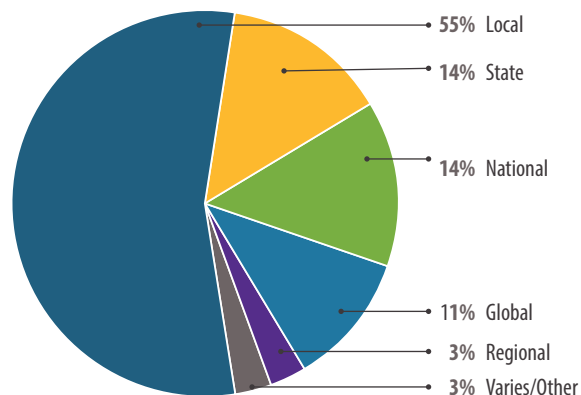
(e.g., learning cohort, philanthropy field)

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A. PREFERRED COMMUNITY LEADERSHIP APPROACHES

Survey questions 4 through 7 asked respondents to rate their typical or preferred response as a community leader along a 7-point continuum of leadership approaches identified in the literature. The continuum related to leadership method ranged between *top-down* at one end of the scale and bottom-up at the other end. The scale regarding decision-making method ranged from majority rules to consensus building, that regarding community leadership process from *collaborating from the beginning to having a plan in place before collaborating*, and that regarding le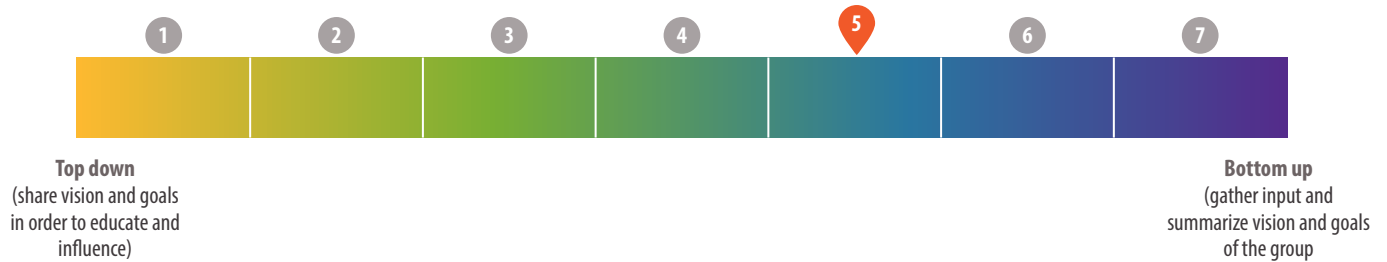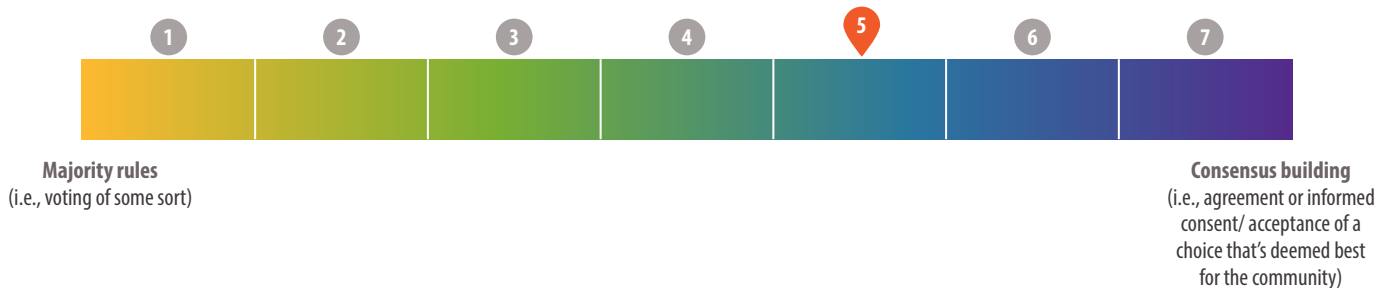adership structure from circular or flat to *hierarchical*. The responses to each of these questions were then averaged, and the results appear below. Together, the responses to these questions reflect a preference for a more bottom-up, consensus-building, collaborative, and circular approach.

Most Likely Leadership Method (N=28)

1   2   3   4   **5**   6   7

Top down
(share vision and goals in order to educate and influence)

Bottom up
(gather input and summarize vision and goals of the group

Most Likely Decision-Making Method (N=28)

1   2   3   4   **5**   6   7

Majority rules
(i.e., voting of some sort)

Consensus building
(i.e., agreement or informed consent/ acceptance of a choice that's deemed best for the community)

Preferred Community Leadership Process (N=28)

1   2   **3**   4   5   6   7

Collaborating upfront
(where all contributors have a fairly equal role)

Having a solid concept/plan
(before sharing with and/ or reaching out to others for input)
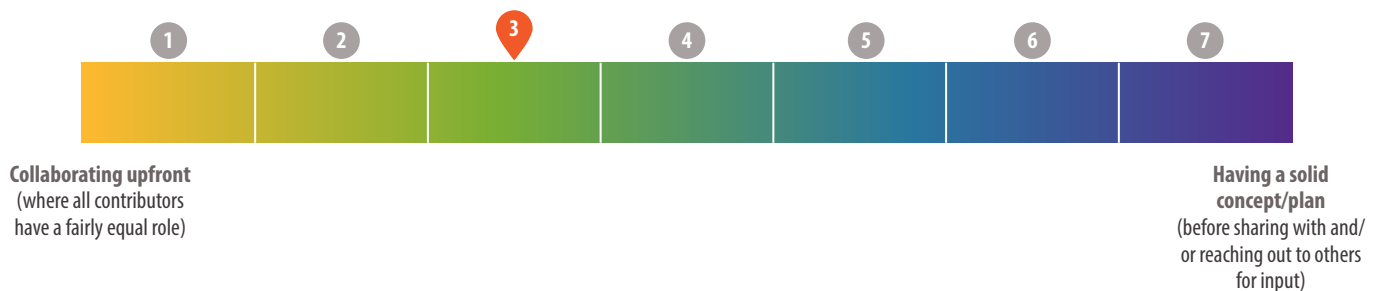
Preferred Community Leadership Structure (N=28)

1   **2**   3   4   5   6   7

Circular or flat
(where all contributors have a fairly equal role)

Hierarchical
(where major decisions are made at the top and delegated down)

Words and Phrases Respondents Used to Describe Community Leadership Styles

Question 8 asked survey respondents to use their own words to briefly characterize their leadership styles. The responses of the twenty-eight respondents who provided one to three answers to this question fell into the ten categories displayed below: collaborative, open minded, community connected, capacity builder, authentic, assertive, transformational, cross-cultural, eclectic, and accountable. (The full list of words and phrases appears in the appendix.)

The sole leadership quality that was mentioned by all of the responders was collaborative. Examples of the descriptors in this category include "all hands on deck," "delegation," "partnering," "same page," and "Ubuntu: 'I am because we are.'" More than a third shared leadership style descriptions that fit under the heading of *open-minded*, including terms such as "close listening," "contemplative," "diplomatic," and "egalitarian." As many as eight and as few as one of the respondents provided descriptors that fell under the other seven categories.

COLLABORATIVE

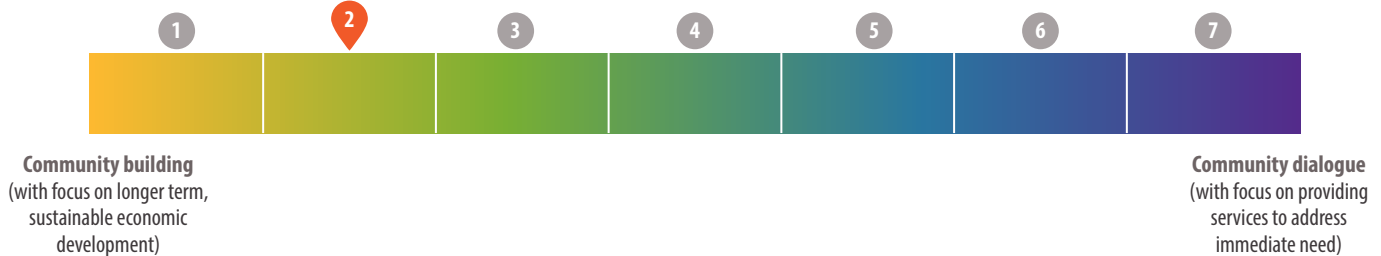| Open Minded | Authentic | Cross-Cultural |
| Community Connected | Assertive | Eclectic |
| Capacity Builder | Transformational | Accountable |
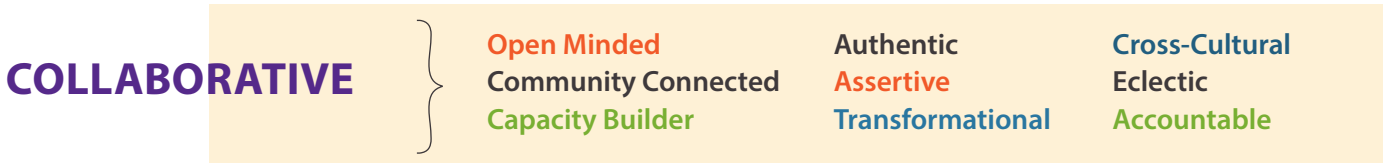
B. LEADERSHIP AND COMMUNITY ENGAGEMENT

Question 9 asked survey respondents which community engagement process they tend to prefer or lean toward on a 7-point continuum that ranged from a focus on long-term economic development to a focus on meeting immediate needs. As shown below, most responses favored a focus on long-term, sustainable development. Question 10 asked respondents to characterize their community engagement process in a few words or phrases, the results of which are described below.

Preferred Community Engagement Processes (N=28)

1 2 3 4 5 6 7

Community building
(with focus on longer term, sustainable economic development)

Community dialogue
(with focus on providing services to address immediate need)

Words and Phrases Respondents Used to Describe Community Engagement

Question 10 asked respondents to characterize their community engagement process in a few words or phrases, and twenty-seven respondents shared a total of sixty-five responses that fell into five community engagement categories, as displayed below. Of those categories, *identifying issues and strategies and taking action* was offered by 67% of participants, including such responses as "addressing concrete, achievable policy changes," "accessing points to decision-making," "listening/listener/framing,"

and "being present and supportive." A majority of the respondents also shared comments that were categorized as inclusive, including "all are invited," "belonging and ownership," and "honors lived experience and wisdom," and as *synergistic*, including "alignment and consistency of words and actions," "building relational power," and "sharing lived experiences." The smaller number of responses categorized as attentive included "asking questions based on the listening I did, and listening again" and "seeing a need and wanting to assist or help;" *challenging* phrases included "hard to do" and "takes time, slow.".

IDENTIFY ISSUES & STRATEGIES & TAKE ACTION

| Inclusive | Synergistic | Challenging |
| | Attentive | |

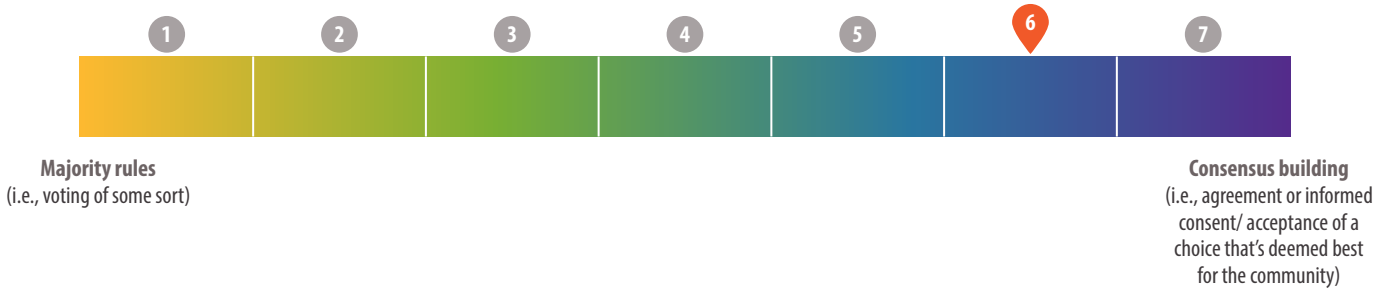## C. LEADERSHIP IN COMMUNITIES FACING SYSTEMIC INEQUITIES

Respondents were asked in survey questions 11 through 14 to identify what leadership characteristics and styles they believed are most effective in communities facing systemic inequities. The 7-point continuum for leadership method ranged from *top-down* to *bottom-up*; that for decision-making ranged from *majority rules* to *consensus*; that for processes ranged from collaborating to having a solid plan; and that for structures ranged from *circular* to *hierarchical*. As the results below show, the responses were strongly in the direction of bottom-down and consensus building and at a midpoint between collaboration and prior planning and between circular and hierarchical.
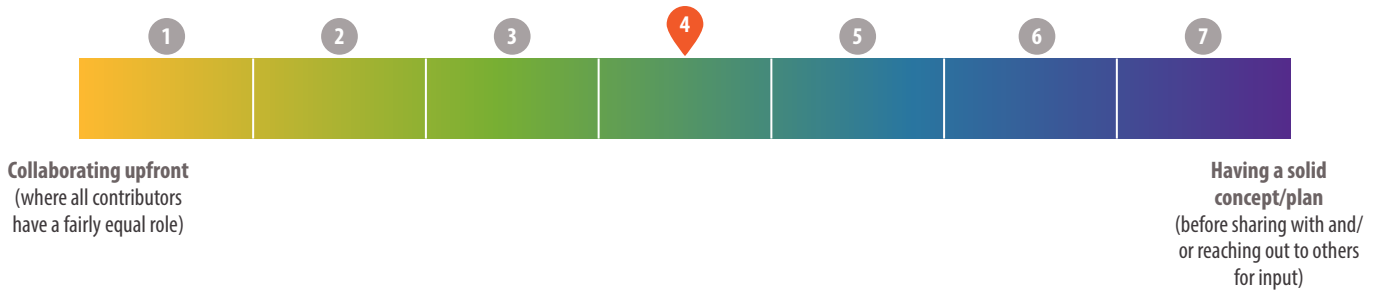
Leadership Method (N=27)

1   2   3   4   5   **6**   7

Top down
(share vision and goals
in order to educate and
influence)

Bottom up
(gather input and
summarize vision and goals
of the group)

Decision-Making Method (N=27)

1   2   3   4   5   **6**   7

Majority rules
(i.e., voting of some sort)

Consensus building
(i.e., agreement or informed
consent/ acceptance of a
choice that's deemed best
for the community)

Process (N=27)

1   2   3   **4**   5   6   7

Collaborating upfront
(where all contributors
have a fairly equal role)

**Having a solid
concept/plan**
(before sharing with and/
or reaching out to others
for input)

Structure (N=27)

1   2   3   **4**   5   6   7

Circular or flat
(where all contributors
have a fairly equal role)

Hierarchical
(where major decisions
are made at the top and
delegated down)

Words and Phrases Respondents Used to Describe Community Engagement

Question 15 asked respondents to use their own words or phrases to describe leadership styles or characteristics that they believed to be most effective at creating positive change in communities facing systemic inequities. The words and phrases offered by twenty-five respondents fell into ten categories: collaborative, servant, action-oriented, accountable, holistic, efficient, asset-based, capacity-building, emergent, and equitable.

Most of the terms and phrases offered were categorized as *collaborative* and included terms such as capacity building, transformational, close listening, collective, consensus

decision-making, flexible in working on immediate and long-term goals, and intentionally intergenerational and gender-balanced. More than half of the descriptions were related to *servant leadership* styles, most notably to listening. About a quarter of responses could be described as *action-oriented*, which included descriptors like worker and transformational; *accountable*, involving words like honest communication and strategic; and *holistic*, including terms such as inclusive, visionary, and open conversations with many perspectives. Other categories noted by 12 percent or less of the respondents were *efficient, asset-based, capacity-building, emergent,* and *equitable*. (The full list of responses can be found in the appendix.)

COLLABORATIVE	Servant Leadership	Hollistic	Capacity-Building
	Action-Oriented	Efficient	Emergent
	Accountable	Asset-Based	Equitable
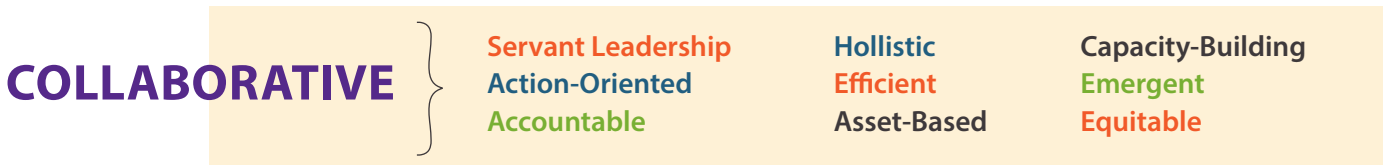
Perspectives on Successful Leaders in Communities Facing Systemic Inequities

Question 16 presented respondents with a series of community leader characteristics identified in the literature and asked them whether each was consistent or inconsistent with what they believed was necessary for successful leaders in communities facing systemic inequities. As the table below indicates, the majority of respondents believed that

such leaders typically *come from inside the communities they serve* (88%); *emphasize community values* (88%); *consider reconciliation an important step in making forward progress* (69%); *heavily factor in the influence of the past on present conditions and future solutions* (65%); and *strive for a form of acculturation in which the cultural community changes but still retains unique markers of language, food, and customs* (54%).

LEADER CHARACTERISTICS	CONSISTENT	NOT SURE/VARIES	INCONSISTENT
Typically come from inside the communities they serve	88%, or 23	8%, or 2	4%, or 1
Typically come from outside the communities they serve	4%, or 1	11%, or 3	85%, or 22
Heavily factor in the influence of the past (on present conditions and future solutions)	65%, or 17	27%, or 7	8%, or 2
Focus almost exclusively on the future (spending little energy evaluating/considering the past)	8%, or 2	27%, or 7	65%, or 17
Emphasize community values	88%, or 23	8%, or 2	4% or 1
Emphasize individual (individual family) values	31%, or 8	42%, or 11	27%, or 7
Strive for acculturation (where cultural community changes but still retains unique markers of language, food and customs)	54%, or 14	38%, or 10	8%, or 2
Strive for assimilation (where cultural community is absorbed into the mainstream cultural body and both change/meld)	0	4%, or 1	96%, or 25
Consider reconciliation (forgiveness, being thankful, etc.) an important step in making forward progress	69%, or 18	23%, or 6	8%, or 2
Present their own clear vision to the community as its champion (and feel this is why they were chosen as a leader)	15%, or 4	31%, or 8	54%, or 14

N=26

Actions and Impacts of Successful Leaders Who Create Positive Change in Communities Facing System Inequities

Question 17 asked respondents to review a list of fourteen actions identified by the leadership literature and rate how important each would be in helping to create positive change in communities facing system inequities. A majority of respondents identified nine of these as being extremely important. Almost all (96%) of the respondents believed that successful leaders in this context *use storytelling* to share experiences and emotions and *seek and integrate wisdom from elders*. Nearly as many (85%) responded that successful leaders *involve the community in all phases of the process* and *engage the community to understand its members' unique situation and needs*. A somewhat smaller percentage also cited *identifying internal or external barriers to success; engaging with other leaders in the community; seeking input from younger members of the community; and advocating for community representation* as extremely important.

| ACTIONS	NOT AT ALL	MINIMALLY	MODERATELY	EXTREMELY
Identify internal issues that might slow or impede progress	0	0	35%, or 9	65%, or 17
Address external/institutional barriers and perceptions	4%, or 1	4%, or 1	31%, or 8	62%, or 16
Stabilize key health indicators first (i.e., nutrition, obesity, physical activity, access to health services)	12%, or 3	19%, or 5	38%, or 10	31%, or 8
Engage with natural leaders in the communities to establish trust and help navigate change (pastors, etc.)	0	0	27%, or 7	73%, or 19
Involve the community in all phases of the process (design, roll-out, support, changes, etc.)	0	0	15%, or 4	85%, or 22
Bring in and rely heavily on outside experts with success in other populations	35%, or 9	50%, or 13	12%, or 3	4%, or 1
Use storytelling to share experiences and emotions	0	0	4%, or 1	96%, or 25
Defend/communicate all decisions using data (facts, figures, research, etc.)	12%, or 3	35%, or 9	35%, or 9	19%, or 5
Seek and integrate wisdom/insight from seniors/elders	0	4%, or 1	0	96%, or 25
Work actively outside the community to influence mainstream processes	4%, or 1	23%, or 6	50%, or 13	23%, or 6
Seek and integrate input/insights from younger generations	0	0	23%, or 6	77%, or 20
Poll/engage the community to understand unique needs, situations, barriers, etc.	0	8%, or 2	8%, or 2	85%, or 22
Advocate for community representation in mainstream organizations/activities (boards, internships, jobs, etc.)	0	4%, or 1	31%, or 8	65%, or 17
Establish new leadership for a fresh start (new faces, younger members, people from other communities, etc.)	8%, or 2	27%, or 7	34%, or 9	31%, or 8

N=26

Storytelling, Visual, and Arts-Based Community Leadership Techniques

Question 18 inquired about how important respondents considered storytelling, visual, and/or arts-based techniques as means to get input, gain insight, and garner buy-in from members of communities facing systemic inequities. The literature on community leadership has identified all of these methods as having a high level of impact in communities. Of the twenty-six respondents who offered a response to this question, 88% indicated that storytelling and visuals are extremely important in community leadership work.

Importance of Storytelling and Arts-Based Community Leadership Techniques (N=23)

Extremely Important • **88%**

Moderately Important • **12%**
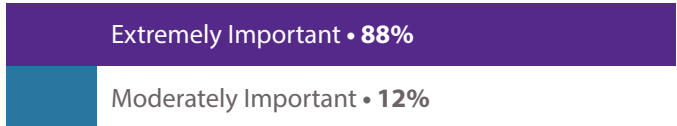
Best Reasons to Consider Using Storytelling, Visual and/or Arts-Based Techniques

Question 19 continued the inquiry about the value of these techniques in creating positive change in communities by asking respondents which items in a list of ten they believed were the best reasons to consider using them. A significant majority of the survey respondents believed that the best reasons to use storytelling as a community leadership technique were to *allow issues to surface more naturally*; to *understand emotional aspects of experiences*; to *increase understanding and reduce biases*; to *emphasize or amplify absent narratives*; and to *give a voice to a wider range of individuals and groups*.

Participants also identified three other reasons to use these community leadership techniques:

• Train people to use their own voices and stories, first, in their own environments, moving toward speaking more confidently in places of decision-making and power.
• Validate cultures with oral history practices.
• Be more open and authentic versus structured and mainstream is important, but not just to be seen that way. To be genuine that way is how I would more accurately describe why I think that is important.

REASONS TO USE STORYTELLING, VISUAL AND/OR ARTS-BASED COMMUNITY LEADERSHIP TECHNIQUES	RESPONSES
Increase understanding and reduce biases that can occur because of differences in languages, traditions and levels of education	73%, or 19
Give a voice to a wider range of individuals and groups	85%, or 22
Allow issues to surface more naturally	50%, or 13
Emphasize or amplify absent narratives	73%, or 19
Be seen as more open and authentic (less structured and mainstream)	8%, or 2
Understand emotional aspects of experiences—not just facts and process efficiencies	69%, or 18
Demonstrate a shared vision more clearly	46%, or 12
Motivate participation	42%, or 11
Empower members by appealing to emotions	15%, or 4
Some other reason is in my top 5 (please specify)	12%, or 3

N=26

D. COMMUNITY LEADERSHIP AND SOCIAL DETERMINANTS OF HEALTH

The next six questions on the survey asked about community leadership and social determinants of health (SDOH). Question 20 asked which of eight SDOH categories were most closely aligned with their or their organization's areas of work. Although respondents identified all eight as being aligned to some degree with their work, three areas were selected by a majority of the respondents: *social and community context* (81%); *food access and quality* (58%); and *health and health care* (50%).

SOCIAL DETERMINATES OF HEALTH	RESPONSES
Economic stability	35%, or 9
Social and community context	81%, or 21
Neighborhood and physical environment	46%, or 12
Health and health care	50%, or 13
Education	35%, or 9
Immigration and refugees	15%, or 4
Food (access, quality, affordability, etc.)	58%, or 15
Housing (access, quality, affordability, etc.)	31%, or 8
Some other area (please specify)	27%, or 7

N=26

Economic Stability Areas of Respondents

Question 21 asked respondents which of a list of economic stability areas were closely aligned with their or their organization's work. About a third each of the respondents identified *personal or family economics*; *some other economic stability area*; or *no topics* in this area. About a quarter each identified *workplace environment* and *employment*. The economic stability areas identified by respondents *other* than those listed were community building among local businesses to better serve residents; cooperative economics and Black worker cooperatives in collaboration with Nexus; a culturally grounded fellowship; economic justice issues that confront marginalized populations; tax reform; the

cost of healthy, environmentally sustainable food; worker ownership; entrepreneurship; and youth workforce development.

ECONOMIC STABILITY AREAS	RESPONSES
Personal or family economics	35%, or 9
Some other Economic Stability Area not listed above (briefly describe)	31%, or 8
Workplace environment	27%, or 7
Employment	23%, or 6
Financing/banking	4%, or 1
None in this area	35%, or 9

N=26

Social and Community Context Areas

Question 22 asked respondents to identify the primary social and community context areas in which they or their organizations were engaged from a given list. Of these, 88% of respondents reported focusing on community engagement events and 65% on race, gender, and sexual orientation equity work; only 4% reported being engaged in legal work. Nearly a quarter identified other social and community context areas that included the following:

- Building power of families and partners to influence public decision making
- Community building
- Narrative strategy: working with individuals and groups to identify and elevate their shared vision and values so that when they are speaking their truth—whether it's truth to power or truth shared between themselves—they are speaking both the truth of their hardships and the truth of their dreams

- Political advocacy, parent advocacy
- Providing TA [technical assistance] around engagement to other professionals and agencies
- Shifting social norms towards generative, resilient practices
- Political advocacy, parent advocacy
- Providing TA [technical assistance] around engagement to other professionals and agencies
- Shifting social norms towards generative, resilient practices

SOCIAL AND COMMUNITY CONTEXT AREAS	RESPONSES
Community engagement/events	88%, or 23
Race, gender, sexual orientation equity work	65%, or 17
Legal work	4%, or 1
Some other Social and Community Context Area not listed above	23%, or 6

N=26

Neighborhood and Physical Environment Areas

Question 23 asked respondents to identify the neighborhood and physical environment areas in which they or their organizations were engaged from a given list. More than a third each of the respondents indicated that they were engaged in issues around *housing*; *toxins/pollution*; and *arts and culture,* and about a quarter each identified *transportation* and *recreation and leisure*. Nearly a quarter of the respondents also offered *other* neighborhood and physical environment areas, including the following:

- Development
- Food services and local food production/greenspaces
- Green spaces that support native plants and pollinators walkability preservation of social and cultural assets
- Land sovereignty
- Various community engagement efforts around transit projects

- Addressing the ecological issues facing our communities due to segregation and legacy industrial sites in our more impoverished neighborhoods. Toxins and pollutants somewhat cover, but it is a much larger package of ecological inequity that we are working on.

NEIGHBORHOOD AND PHYSICAL ENVIRONMENT AREAS	RESPONSES
Transportation	27%, or 7
Housing	38%, or 10
Utilities	4%, or 1
Crime	15%, or 4
Toxins/Pollution	35%, or 9
Recreation and leisure	23%, or 6
Arts and culture	35%, or 9
Some other Neighborhood and Physical Environment Area not listed above	23%, or 6
None in this area	15%, or 4

N=26

Health and Healthcare Areas

Of the twenty-six respondents who answered question 24 about whether they or their organizations had a health and healthcare focus, the largest percentage (42%) identified *physical health*. Slightly more than a third of the respondents noted that *mental health* was a focus area, and slightly more than a quarter named providing *family health support*. One each of the respondents identified one of the following other health and healthcare areas:

- Access to healthcare, SDOH
- Building social capital
- Community and public health
- Healthcare equity districts
- Healthy food access
- Historic trauma due to racism wellness or wellbeing that is culturally relevant

- Improved and increased access to services
- Leadership, equity, health professions pipeline
- Relating to ecological justice
- Spiritual wellbeing
- Trauma healing

HEALTH AND HEALTHCARE AREAS	RESPONSES
Mental health	35%, or 9
Physical health	42%, or 11
Family support (pregnancy, postpartum, stress, etc.)	27%, or 7
Some other Health or Health Care Area not listed above	42%, or 11
None in this area	27%, or 7

N=26

Education Areas

Question 25 asked the same question regarding education areas, and somewhat more than a third of the respondents selected *educational opportunities* and *early childhood development*, respectively, as focus areas of their or their organization's work. About a quarter chose *job training and career readiness*, and nearly a third offered some *other* education area, which included the following:

- Building champions and leaders for community organizing and advocacy work
- Education funding through tax reform
- Expanding awareness about local food leaders creating access to healthy, sustainable, local food
- Learning about climate crisis and liberation work through discussion and presentations
- Movement practitioner education/professional development/training

- Nutritional education, gardening and sustainability practices cultural awareness
- Reading by 3rd grade and the intersection between education and culture
- Tell stories of the community through art, teach members in the community a craft for possible future use either for pleasure or business

EDUCATION AREAS	RESPONSES
Early childhood development	38%, or 10
Educational opportunities	35%, or 9
Job training and career readiness	23%, or 6
Some other Education Area not listed above (briefly describe)	31%, or 8
None in this area	19%, or 5

N=26

Community Leadership Priorities When Striving to Create a Culture of Health

In question 26, respondents were asked which of the listed SDOHs they believed should have the highest priority (at least initially) when striving to create a culture of health that will improve the quality of life in communities facing systemic inequities. Half of respondents selected efforts to *improve access to high-quality affordable housing*, and nearly as many selected *improving the social and community context* and *improving the quality of and access to health care*. About a third selected *increasing economic stability* and *improving educational opportunities*, and slightly more than a quarter identified *improving access to and quality of food*. The one participant who selected *something else* identified dealing with historic trauma and internalized oppression.

WORK THAT SHOULD HAVE THE HIGHEST PRIORITY	RESPONSES
Efforts to increase economic stability	35%, or 9
Efforts to improve the social and community context	46%, or 12
Efforts to improve the physical environment of the neighborhood	27%, or 12
Efforts to improve health and health care access/quality	42%, or 11
Efforts to improve education access/quality	35%, or 9
Efforts to address immigration and refugee issues	12%, or 3
Efforts to improve access to quality, affordable food	27%, or 7
Efforts to improve access to quality, affordable housing	50%, or 13
Something else (please describe)	4%, or 1

N=26

Prioritizing Specific Areas of Work to Create a Culture of Health

As a follow-up to the previous question, question 27 encouraged respondents to explain why they prioritized the SDOH areas as they did. More than half (17, or 58%) of the twenty-nine respondents who replied to this question explained that all SDOH areas are important, but that because the phrase "at least initially" was used in the question, they were willing to try to prioritize some over others. The foundational elements that respondents most often prioritized in these written comments were *food, housing, and economic security*; *health*; *community-centered efforts*; *education*; and *designated focus areas and funding*.

For example, explaining why food, housing and economic security are important priorities, respondents seemed to agree that access to quality food and homes are absolute needs and rights, and that economic stability brings access to quality housing and food. Prioritizing health, according to one respondent, is important because "Health is a balance of physical, social emotional, occupational, intellectual, and spiritual dimensions which supports a proactive lifestyle leading to wellbeing." Another respondent noted the importance of putting the community at the center as an initial strategy. "Putting community at the center is always the right place to start implementing equitable systems change," the respondent wrote. Illustrating the interconnectedness of the SDOH, another person wrote:

> Communities must be engaged for their own liberation. Education helps with the skills and capacity to understand and respond to systemic inequity and economic stability lays the groundwork for better access to food, housing, etc.

Likewise, showing the interconnections between designated focus areas, funding, health and housing, two respondents stated:

> I work at the Minnesota Pollution Control Agency, so our work focuses on identifying and eliminating disproportionate impact of pollution—so the physical environment and health is on my mind. But I think that stable housing is an important base for all other aspects of community and personal care.

> Within the context of our work as a community organization, we have various changing goals depending on funding, exterior projects related to our community (i.e. via county, city, etc.). These are areas we are currently prioritizing. All areas are important, and touch our work to a smaller extent.

E. ADDITIONAL COMMENTS REGARDING COMMUNITY LEADERSHIP STYLES

At the end of the survey, question 28 asked respondents if there was anything else about their community leadership style that they would like to share. Six (21%) respondents offered additional comments that highlighted the participants' strong commitments to shared power and privileges, acknowledged the interdependence of leaders and the communities with which they work, and called attention to community leadership issues not raised by the survey based on the existing community leadership literature. These additional comments, while reflecting the responses of a small segment of the respondent base, may suggest topics worthy of exploring further as the CLLI team gathers case studies and emerging narratives as part of this initiative. Comments included the following:

• I am committed to ending leadership oppression by creating a culture of inclusion and equity where all leaders are supported and affirmed.

• Leadership is about building up the capacity of others. It is about collaboration while inverting the power structure, so that those who benefit most concede power to those

who benefit least. When the least are raised up, all can benefit.

• Thank you for the opportunity to complete the survey. In our city, which continues to be one of the most segregated communities in the nation, there are so many issues you have covered that are relevant.

• Important to us is an understanding that individuals and society are interdependent. As a society, we must lead others through allowing their voice and then use our leadership skills to help identify options, build consensus, and make recommendations that communities can consider. Leadership is about guiding, not dictating; about listening, not being overly directive. Most important it's about bringing people to a place that offers the best possible outcomes.

• Fun is important. Playing music, telling jokes, kicking back is important.

• I strongly believe in the sharing of knowledge regardless of age. I believe this allows for both personal and professional growth.

III. Observations, Limitations, and Recommendations

The crucial role of community leadership in responding to the urgent and changing needs of our diverse communities has been understudied and poorly understood within the larger field of community leadership studies. The CLLI Leadership Survey Phase I was intended to help fill that gap by learning more about how participants define and think about community leadership values, processes, strategies, and practices.

While the survey reinforced results from existing literature and highlighted a few areas where additional exploration is needed, the findings reported here have several obvious limitations. First, data were gathered from a select group of respondents, all of whom are associated with the CLLI, which limits the generalizability of the findings. Second, the specific aspects of community leadership investigated by the survey were based on the existing literature and did not explore ways in which that work extends beyond those leaders themselves, such as how well community and foundation leaders work together. Third, the survey also followed the existing literature in emphasizing the positive communal aspects of the work and thereby neglected its difficulties, such as the leadership oppression noted by one respondent. And finally, the survey questions did not distinguish between the social (i.e., relationships among people in groups) and cultural (i.e., values, customs, beliefs) aspects of the examples and the contexts they referred to. These limitations may call for the addition of more survey questions or modification of the existing ones in future surveys and information gathering.

But these limitations, while important to acknowledge, should not distract from the contribution and significance of the survey's findings, which, as already noted, reinforce the relevance of community leadership practices and identify some of the critical zones of community leadership (such as community definitions and issues, who decides, and how decisions are reached) and parameters of community leadership practices that could be taken into consideration in interactions with community leaders.

The authors of this report believe that to better understand community leaders, especially in understanding social and cultural interactions requires acquiring community knowledge, adjusting attitudes, and retaining strong relationship building skills. This involves working on attitudes and values, starting with one's own leadership scheme and its impact on one's values and norms. This awareness permits a deconcentration from one's personal scheme and a concentration on community leadership (i.e., there are many brands of community leadership) in order to transmit the appropriate skills for working with a community leader and in a community leadership context. This includes reviewing some of the basic assumptions in

leadership such as relying on the leader as the sole person who defines the problems and feelings and then arrives at a satisfactory solution. A combination of creativity and flexibility, self-awareness, cooperation, and a willingness to learn and adapt works best in successful community leadership interactions.

There has never been a more critical time for organizations to critique their programs, service delivery systems, and practices for community leadership relevance. Time is also ripe for community leaders to reflect on their styles, practices, and values and help shape understanding about what community leadership is and is not, as CLLI Leadership Survey Phase I respondents have done in sharing their perspectives. Demographic shifts and increasing economic hardships are continually producing communities in need of community leaders who are successful navigating the community and other institutions.

Based on the survey findings, we recommend that the CLLI Team of Nexus Community Partners take the following actions:

1. Distribute and discuss this report with CLLI participants, including staff, partners, and consultants.

2. Continue the overall data gathering work of the initiative (e.g., recording webinars, conducting end-of-session satisfaction surveys, taking meeting notes, and recording reflection sessions) to refine key findings about how healthy and vibrant community leadership is defined and what values, processes, strategic alliances, and other forms of collaboration promote leadership health and sustain wellness in communities.

3. Dig deeper into what "community leadership oppression" looks like and what kinds of systems, practices, and processes can end it.

4. Create opportunities for all participants and other interested people (philanthropic, nonprofits, and business leaders, etc.) to work together to address key issues raised.

5. As planned, survey CLLI participants at the end of the CLLI webinars to determine if perspectives shift by the close of the CLLI program.

6. Give consideration to adjusting the survey questions with the understanding that it will no longer be possible to compare findings if the end survey is not identical to the initial one.

IV. Appendix

QUESTION 8: In a few words or phrases, what leadership style or characteristics would you expect to be most effective at creating positive change in communities facing systemic inequities?

Collaborative/Collaborator
(100%, or 28)

All Hands on the deck

Bottom up

Build a team by connecting people's goals with project goals

Coalition

Collaboration/convening

Consent-based

Consensual

Delegation (2)

Facilitator

From the back

Inspirational

Integrated

Mutual respect

Participation

Partnering

Relational

Relationships grounded

Same page

Sharing

Space-making

Teammate

Ubuntu: "I am because we are"

Open Minded
(43%, or 12)

Close listening

Contemplative

Diplomatic

Egalitarian

Encouraging folks to make the inaccessible more accessible (i.e., jargon, encouraging breaks, making sure we have snacks, etc.)

Equitable

Caring

Fair

Honest communication

Listener

Open-minded, observant, listener

Open to seeing how things are

Community Connectedness
(28%, or 8)

Community-building

Connected/interconnected

Inclusion and equity: everyone belongs! (4)

Servant

Capacity Builder
(21%, or 6)

Coaching

Developmental, testing and tweaking as we go along

Emergent

Supportive (2)

Authentic (real)
(21%, or 6)

Facilitating folks to think/act more deeply

Lead by example

Practical, using what we have and making it work

Transparent

Values grounded

Assertive
(18%, or 5)

Decisive

Pointed

Strategic

Actionable

Transformational
(18%, or 5)

Anarchy (rebellious—not recognizing authority)

Visionary

Cross-Cultural
(11%, or 3)

Respective

Eclectic
(11%, or 3)

Flexible

Playful

Accountable
(7%, or 2)

Organized and Detailed

QUESTION 10: If you had to characterize your community engagement process in a few words or phrases, what would they be?

Identify Issues and Strategies and Take Action

(67%, or 18)

Addressing concrete, achievable policy changes

After listening, helping to identify goals & possible strategies to achieve those goals

Access points to decision-making

Asset-based

Balanced analysis of short and long term needs

Check in

Collaborate and put final decision-making in the hands of the community (4)

Discovering issues and solutions from those closest to the problem

Hands on

Intentional

Listening/Listener/framing, being present and supportive (7)

Open to new ideas and concepts

Reach for higher ground

Reframing and improving (and starting the process again)

Research

Responsive

Story sharing

Visible

Inclusive

(67%, or 18)

All are invited

All stakeholders given a voice

Belonging and ownership

Community (2)

Engaging with community to learn about them and what they envision

Everyone belongs

Gatherings

Honors lived experience and wisdom

Intercultural

Learning with and from

Ongoing

Outreach

Power-sharing

Relational - relationship building (3)

Using plain language

Welcoming, enjoyable, open (2)

Wide arms

Work w/community to ensure concerns, voices, goals are heard

Synergistic

(59%, or 16)

Alignment and consistency of words and actions

Building relational power

Cheerleading

Co-creation

Dialogue

Empowering

Facilitation

Healing and pause (2)

Honest communication

Leading with integrity

Providing

Respectful (2)

Sharing lived experiences

Showing up

Teaching

Trying with the group involved

Attentive

(37%, or 10)

Asking questions based on the listening i did, and listening again

Assisting

Building trust

Communicative

Deep listening

Get feedback from community

Meeting people where they are already meeting

Organized and detailed

Patient

Seeing a need and wanting to assist or help

Challenging

(7%, or 2)

Hard to do—challenging

Takes time, slow

QUESTION 15: What leadership style or characteristics would you expect to be most effective at creating positive change in communities facing systemic inequities?

Collaborative
(84%, or 21)

Collective

Community

Community standards

Consensus decision-making

Cross-cultural

Empowerment/sharing power

Flexible to work on immediate and long-term goals

Intentionally intergenerational and gender-balanced

Lateral

Leading from within

Lived experience valued

Partnering with communities to know them and their desires

Recognizing cultural assets specifically

Relational-relationship building (4)

Representation

Sharing power

Team

Servant Leadership Style/Characteristics
(68%, or 17)

Listener (7)

Listening

Meaningful listening,

 Willing to listen/learn

Active Listening

Deep listening and trust building

Meaningful listening

Dynamic

Empathy

Humble

Inspirational

Open to new ideas

Open-minded (2)

Patient

Respectful

Action-Oriented
(32%, or 8)

Affirmative, thinking well of others, reaching for higher ground

Radical

Teacher

Transformational (2)

Worker

Accountable
(28%, or 7)

Focus

Honest

Honest communication

Strategic (3)

Holistic
(28%, or 7)

Inclusive (3)

Inclusive and open conversations with many perspectives

Long-Term Visionary

Visionary

Efficient
(12%, or 3)

Good follow through

Responsive

Asset-Based
(12%, or 3)

Authentic

Recognizing, building on, and using the assets present in community

Capacity Building
 (8%, or 2)

Providing tools/resources

Emergent
 (8%, or 2)

Emergent strategies

Equitable
 (8%, or 2)

Justice-oriented

QUESTION 27: Please explain why you would prioritize the areas noted above (i.e., areas of work that should have the highest priority—at least initially—when striving to create a 'culture of health' that will improve the quality of life in communities facing systemic inequities).

Food, Housing, and Economic Security

(59%, or 10)

Housing, economic stability, and allowing folks who come seeking safety and a home to actually have safety and a home seem like the most *urgent* areas of harm reduction of this list.

It was difficult to choose. Access to quality food and homes are absolute needs and rights.

Stable and safe housing is a base from which so many other things flow (ability to buy and cook food, stress, physical and emotional safety, school for kids, etc.)

I believe if folks have a stable income and housing and support of community they can move ahead in other areas

Food, housing and healthcare are the basic needs that must be met in order for people to be capable of maintaining steady employment. Transient, unstable living arrangements, health issues and food deprivation or insecurity make it difficult to stay employed

Food represents the intersection of health, the environment, and community culture

Second, we are merit quality, affordable food (and water). The sustenance of life itself.

Third, economic stability. One feels empowered when they have a clear understanding of their economic situation which drives so many other things. Whether self-generated income of subsidies, helping people to understand their positions will empower them. Too often, marginalized communities are demeaned unnecessarily.

Economic Stability brings access to quality housing and food. However, improving social and community context, also increases health, crime, physical environment. Community context is the key to healthy community.

Most people migrating to the United States are coming from very traumatic situations and they should receive help before it is too late.

Health

(18%, or 3)

Health is a balance of physical social emotional occupational intellectual and spiritual dimensions which supports a proactive lifestyle leading to wellbeing.

First, we need to have a system that ensures everyone has a health status report. This can reveal what individuals may or may not be able to do to impact other areas of their lives. Access to health care and medicines is vital for marginalized communities.

When people are sick it puts a charge on the whole family as well as everyone in the community—some illness can be prevented by doing measures.

Community

(18%, or 3)

Putting community at the center is always the right place to start implementing equitable systems change.

It is essential to the work that we do to liberate people from systems of oppression so they can show up flourishing in their lives daily.

They [prioritized items] are fundamental to being an empowered community and fostering change agents.

Education

(18%, or 3)

I think good quality education moves people out of poverty and contributes to society.

Communities must be engaged for their own liberation. Education helps with the skills and capacity to understand and respond to systemic inequity and economic stability lays the groundwork for better access to food, housing, etc.

Education is the key to the future.

Designated Focus Area

(12%, or 2)

I work at the Minnesota Pollution Control Agency, so our work focuses on identifying and eliminating the disproportionate impact of pollution—so the physical environment and health is on my mind. But I think that stable housing is an important base for all other aspects of community and personal care.

They align with our organizational goals.

Depends on Funding

(6%, or 1)

Within the context of our work as a community organization, we have various changing goals depending on funding, exterior projects related to our community (i.e. via county, city, etc). These are areas we are currently prioritizing. All areas are important, and touch our work to a smaller extent.

N=17 More than one option could be mentioned per respondent

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