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Learning-Circle Partnerships and the Evaluation of a Boundary-Crossing Leadership Initiative in Health

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Key Points

- Leadership development approaches that are focused on individual knowledge and skill development do not suit the leadership needs of low-income communities and communities of color in addressing the multiple factors that influence health disparities.
- Boundary-crossing leadership is rooted in a social-justice perspective and seeks to address the isolation and fragmentation faced by those who are working to address systemic inequities.
- A multicultural approach to evaluation honors different ways of knowing, recognizes that groups have different learning questions, acknowledges and addresses power dynamics that exist between funders and grantees, and ensures that evaluation is culturally relevant and constructive for communities.
- Learning-circle partnerships build trust and create a supportive environment for community-based grantees and funders to understand each other's learning needs and constraints.
- Learning together is a challenge when there are different levels of readiness among grantees to engage in evaluation learning, resource constraints for sustaining a learning-circle relationship, power dynamics between grantees and funders, shifting priorities within foundations, and grantee staff turnover.

Introduction

Boundary-crossing leadership significantly increases the possibilities for creating broad-based systemic changes in health because the changes that are needed cross sectors, professions, com-

munities, and cultures. Leadership exercised in “silos” does not build the alliances that are needed to address complex systems challenges. Leadership that excludes people from decision-making and policymaking perpetuates inequities and health disparities. Leadership that is conceived and practiced as heroic and hierarchical suppresses cultural differences and privileges of those with resources and power.

This article describes an initiative developed by The California Endowment (TCE) to explore how best to support leadership capacity development in low-income communities and communities of color to create health. TCE's investment strategies were developed in response to growing disparities in health outcomes and a recognition that there would be little improvement in those disparities without effective, engaged, and connected leadership among underrepresented populations. With the changing demographics in California, TCE is committed to amplifying and aligning the voices of immigrant, youth, and ethnic communities so that they can more effectively influence the systems that affect the health quality of low-income communities and communities of color.

The effective development, testing, and dissemination of boundary-crossing leadership approaches were accelerated by the formation of a learning-circle partnership among grantees and foundation staff who were committed to promoting this approach. The partnership leveraged the limited time, resources, and energy that

community-based grantees often have to invest in developing, testing, and assessing their programs. The lessons learned from using this approach are shared in hopes of encouraging other funders and grantees to explore the potential of learning-circle partnerships for their work, and to better understand the challenges that may interfere with success and achieving long-term impacts.

The Complex Challenges of Creating Health

The health of individuals and their communities is influenced by multiple factors that are social, physical, economic, and environmental. It is the interaction of these factors that creates the conditions for poor or good health. Working toward a solution in one area alone does not influence the overall conditions that are responsible for producing disparities in the incidence of certain diseases and the high rate of infant mortality found in low-income communities and communities of color (PolicyLink, 2002). This is what makes creating health such a complex challenge. Expanding access to health care and ensuring a diverse workforce capable of providing appropriate, quality care are just two of many factors that need to be addressed. Other factors include access to healthy food, improved air quality, access to jobs and schools, and safe neighborhoods (PolicyLink, 2007).

The inability to reduce health disparities is deeply structural. Personal and community health are separated from one another. Personal health rests with the medical, nursing, and social work professions, while community health rests with public health departments, community health clinics, and other local health service organizations. These silos are perpetuated by different funding streams, training opportunities, and a culture of competition that often means that more time is spent on organizational survival than on building alliances and collaborating on a change agenda (APALC, 2005a).

Another fundamental challenge to reducing disparities is the persistence of racism and other biases in society.

Racial discrimination affects health through numer-

ous pathways including access to resources and opportunities, environmental conditions, and psychosocial factors. (PolicyLink, 2002.)

Race disproportionately influences health because people of color are more likely to live in low-income and underserved communities, with all the economic, social, and personal stresses that accompany these living conditions.

Effectively addressing health disparities depends on a high degree of civic participation that is inclusive of all the diverse groups in a community.

The Development of a Boundary-Crossing Leadership Approach

Effectively addressing health disparities depends on a high degree of civic participation that is inclusive of all the diverse groups in a community. Community leadership with the capacity to connect and collaborate across boundaries of race, ethnicity, class, sector, and profession creates the conditions for addressing the complex challenges of reducing disparities and creating healthy communities.

Early efforts to develop leadership across boundaries emerged in the aftermath of the civil unrest in Los Angeles in 1992. Interracial violence led activists and funders to support “leadership development for inter-group relations” as a strategy for coalition-building that would reduce injustice and inequities (Blackwell et al., 2002). The success of this strategy led the Asian Pacific American Legal Center (APALC), with support from TCE, to develop a theory and rationale for investing in boundary-crossing leadership and pointed to promising practices for its cultivation (APALC, 2003; APALC, 2005a).

APALC defines boundary-crossing leadership as “leadership by individuals who effectively col-

laborate across divides of race, ethnicity, class, religion and sexual orientation, as well as sectoral, professional and geographic boundaries, in order to strengthen impact and create broad-based social change.” (APALC, 2005a)

Boundary crossing refers to a leader’s ability to work from a multigroup perspective – one that not only fully understands each group’s needs, but also successfully bridges these needs and moves towards the goal of producing a greater good for everyone. (APALC, 2003)

Across the leadership development field, relational and process skills are as important as technical skills and content knowledge for catalyzing leadership on complex health challenges.

The California Endowment adopted boundary-crossing leadership as its core approach to leadership development between 2004 and 2009 because traditional approaches to leadership development with an emphasis on individual capacity development and management skills did not suit the leadership development needs in low-income communities and communities of color. Boundary-crossing leadership is a more appropriate approach because it engages those who have been impacted most by disparities.

Boundary-crossing leadership is rooted in a social-justice perspective and seeks to address the isolation and fragmentation faced by those who are working in efforts to address systemic inequities. Boundary-crossing leaders are committed to implementing strategies for social change based on an underlying commitment to inclusiveness and coalition building. (TCE, 2006)

In a series of leadership development program grants, TCE invested in boundary-crossing

leadership in multiple contexts, including with immigrants, youth, senior citizens, and civic and nonprofit leaders.

Launching a Boundary-Crossing Leadership Initiative in Health

Laying the groundwork: Research and curriculum development

TCE formally launched its Boundary-Crossing Leadership Development in Health Initiative in 2004. TCE was already funding APALC’s Leadership for Interethnic Relations Program. While Leadership for Interethnic Relations had existed since 1991, APALC adapted its pioneering program for the health sector in 2004. The focus was on developing the capacities of health leaders to work for justice and reform in health, build coalitions, and take actions that improve individual and community health. In 2004, APALC was also funded to develop two publications that provided:

- A philosophical basis and rationale for boundary-crossing leadership within the health sector, along with a set of best-practice criteria that TCE staff could use to evaluate funding requests (APALC, 2005a);
- A series of boundary-crossing training modules that health-based organizations could incorporate into their existing programs (APALC, 2005b); and
- A comprehensive, six-month, stand-alone program for people working in the health sector who are willing to engage in an in-depth training process (APALC, 2005b).

Their research found that across the leadership development field, relational and process skills such as the ability to facilitate collaboration among diverse people across race, class, religion, and sexual orientation as well as across sectors and disciplines are as important as technical skills and content knowledge for catalyzing leadership on complex health challenges.

Identifying gaps in current grantmaking: Funding a new cohort of programs

TCE embraced a “grassroots to treetops” approach to grantmaking that placed an emphasis on training and development of individual and

FIGURE 1 Boundary-Crossing Leadership Programs

Leadership Development for Interethnic Relations in Health (LDIR)

The LDIRs in Health bring together 25 to 35 leaders from a diverse cross-section of the health community in Los Angeles for a six-month program to analyze and understand root causes of health disparities, including the role of institutional oppression in preventing access to quality health and health care. The program enhances coalition building, advocacy, and health-policy development skills. Leaders learn how to assess community health needs to prioritize disenfranchised populations, develop community-based strategies that address local health disparities, and support a social-justice movement for comprehensive, culturally relevant, and accessible health care. Graduates participate in a Health Action Network.

LeaderSpring

LeaderSpring awards fellowships each year to 14 nonprofit leaders in the San Francisco Bay Area to participate in a two-year program designed to foster high-performing nonprofits by strengthening and connecting the people who lead them. By developing the leadership and management competencies of top leaders and engaging them in peer learning and support, nonprofits improve the quality and expand the scope of their service and advocacy programs, which support primarily low-income communities. Graduates become part of an Alumni Network.

Health Leadership Program

CORO-Southern California empowers 25 to 30 fellows in a six-month health leadership program in Los Angeles County to prepare a multicultural, professionally diverse group of health care professionals – including those who work in hospitals, community clinics, health plans, grassroots organizations, government offices, and other public health organizations – to improve the quality and accessibility of health care in Los Angeles County. By increasing their relevant knowledge, expanding their skill set, and providing opportunities for practical experience, Health Fellows provide valuable contributions to the community and improve the workforce capacity of partner organizations. Graduates become part of a Health Leadership Network.

Partnership for Immigrants in Action (PILA) Leadership Development Series

PILA's program is designed to strengthen immigrant-led/serving organizations that seek to empower immigrants through grassroots organizing, advocacy, popular education, and coalition building. PILA partners with 15 organizations and provides a yearlong program tailored to each organization that includes technical assistance and coaching, peer learning, and an organizational stipend. The program is built on the principle that leadership development is not an end in itself, but a means to building the capacity of immigrants and immigrant communities to participate in the decision-making that affects their lives. PILA views leadership development as a dynamic process that requires transformation on multiple levels, including the individuals participating, the organizations with which they work, and the communities in which they live.

California Fund for Youth Organizing (CFYO)

CFYO designs boundary-crossing leadership workshops for people ages 15 to 23 who are active members of youth-organizing organizations in the Central Valley, Los Angeles, San Diego, and the Bay Area that are committed to developing and sustaining a youth movement for social change. The workshops reflect the needs of youth to understand different identities, issues, regions, and methods of work. With a broader consciousness, young people and their organizations can better show solidarity across boundaries and find similarities among the differences.

California Senior Leadership Program

Senior Action Network, in collaboration with California Alliance for Retired Americans, designed a series of training sessions to help senior citizens and people with disabilities in the Bay Area, Central Valley, and Southern California to cross boundaries by enhancing the civic leadership skills of many ethnic groups, and training them to be part of a diverse empowerment process that brings the ethnic populations together. Volunteers are empowered to act as advocates on their own behalf, and to move the process of change in their communities through building visibility and links to local political figures and media outlets.

Health Policy Leadership Program

Central Valley Health Policy Institute designed its program for 25 to 35 emerging leaders with the potential to influence thinking and action around health and health care issues in California's Central San Joaquin Valley. Over the course of 10 months, leaders learn strategies to address the root causes of health disparities and develop skills to better facilitate health-policy analysis and development. Once through the program, emerging leaders serve as advisors on research and policy analysis and as mentors to future cohorts of emerging health professionals.

community leadership in diverse communities and fostering increased collaboration across sectors and professions to accelerate social change.

[This approach] amplifies the voice of invisible and marginalized communities who hold their own vision for a very different future: possibility instead of poverty and opportunity rather than inequity. (Ross, 2008)

Upon assessing TCE's existing leadership development grantmaking, gaps appeared in who was being reached by existing leadership programs. TCE commissioned the Leadership Learning Community (LLC) to conduct a scan to identify programs in California working with immigrants, youth, and senior citizens that supported emerging leadership in these three communities (LLC, 2005). Tapping its diverse network of programs, LLC convened leadership practitioners from each of these three groups to analyze the "state of leadership development" in their communities and make suggestions about what additional supports were needed. In 2005, TCE provided three organizations with grants to develop boundary-crossing leadership in health among immigrants, youth, and senior citizens. They joined Leadership for Interethnic Relations, LeaderSpring, and CORO-Southern California, which were already receiving grants and were included in the boundary-crossing leadership initiative (Figure 1).

All of these programs were asked to participate in a learning-circle partnership. A seventh program, run by the Central Valley Health Policy Institute with a focus on health policy leadership development was added as well. The institute was funded under TCE's policy grantmaking portfolio, but since its approach was aligned with the values and principles of boundary-crossing leadership development they were invited to join the partnership.

Establishing a learning-circle partnership: Leveraging program assets and promoting evaluation

TCE knew the programs it was funding did not have a shared understanding of what boundary-crossing leadership development was and how best to support it, nor did those programs have all the resources they needed to independently

develop their own curricula. Since APALC had developed a boundary-crossing leadership curriculum, they were funded to provide support to newer grantees that had not previously focused on it as a core leadership competency.

One of TCE's core strategies for disseminating boundary-crossing leadership and increasing the number of communities that were using it in their work was to fund the creation of a learning circle where key program staff from each of the programs could discover what boundary-crossing leadership is, what forms it takes in different contexts, what they know about how to develop and assess boundary-crossing leadership, and what impact it has on community health. The purpose was to learn from one another how to measure and communicate the impact of their work and how to increase the capacity of boundary-crossing leadership to foster the changes needed to significantly address health disparities broadly.

Raising visibility and awareness: Publicizing TCE's leadership approach

The final component of TCE's boundary-crossing leadership initiative approach was to raise its visibility among TCE staff and capture and promote the variety of approaches for cultivating and supporting it in different contexts. TCE funded videotaping of interviews with Angela Glover Blackwell, founder and chief executive officer of PolicyLink; Stewart Kwoh, founder and executive director of APALC; Bob Ross, president and CEO of TCE; and Alonzo Plough, TCE's vice president for programs, planning, and evaluation. TCE also funded field footage and interviews with participants of each of the programs. A publication and video were produced and disseminated through the TCE Web site,¹ a Health Leadership Circle Wiki,² and at a statewide meeting of participants from all seven programs.

Learning-Circle Partnership Formation and Development

The learning-circle partnership was convened by the Leadership Learning Community, a national organization committed to developing and sup-

¹ www.calendow.org

² <http://leadershiplearning.pbworks.com/Health+Affinity+Learning+Circle>

porting leadership practices that advance a more equitable and just society. LLC had a 10-year history of networking and convening leadership groups across different sectors, professional roles, racial identities, and geography to create optimal conditions for learning to occur. It discovered the following principles of effective group learning.

- *Create a supportive environment.* When a supportive environment is created, groups open up to each other and explore more deeply what works and does not work to create impact. Given people's busy schedules and the demands being made on them, having this space is essential for innovation and leadership development.
- *Build trusted relationships.* When groups act from shared principles of honesty, transparency, and accountability, they learn more from each other and have greater capacity to listen and integrate learning.
- *Be clear about purpose.* When groups come together, agree about the need they want to address, and articulate the value of investing time and energy together in a particular direction, they lay the foundation for success.
- *Focus on results.* When groups have a shared focus on the results they want to see in communities and society, a sense of urgency around social justice, and a commitment to leveraging their networks to bring about change, they are more motivated to engage in honest, transparent, and accountable relationships with each other.
- *Promote synergistic learning.* When groups practice the art of building a community they connect their insights across their different experiences, which accelerates learning and innovation.

Creating a shared stake in success

In spring 2006, TCE grantees and staff convened for their first learning-circle gathering. From the outset, TCE staff was invited to participate in the learning circle because the success of the evaluation depended on the funder and grantees having a common sense of purpose, trust in one another, and an ability and willingness to be honest and address difficult issues.

During the first learning circle, the group shared

stories about how the environment in which they work does or does not support people in crossing boundaries, and about how someone or some group in their program crossed boundaries to accomplish something that would not have been possible otherwise. Storytelling creates bonds among those in the group through shared recognition of the values and emotions expressed in the story. As bonds of empathy form, greater trust arises.

From the outset, TCE staff was invited to participate in the learning circle because the success of the evaluation depended on the funder and grantees having a common sense of purpose, trust in one another, and an ability and willingness to be honest and address difficult issues.

After storytelling and briefly introducing each of the programs, the group focused on surfacing the boundaries that are crossed in their programs, why they develop and support boundary-crossing leadership, the results they hoped to see from their efforts, and what they had learned to date about how to cultivate boundary-crossing leadership. Their insights and learning became a framework for shared group understanding that included everyone's experiences. At the end of the session the group identified the deeper learning questions that had emerged from the day's conversations, a practice which establishes learning as a continuous journey.

Inviting collaborative planning and documentation

LLC created a wiki for planning and documenting convenings. Learning-community partners were introduced to the wiki and invited to contribute. The wiki enabled members of the partnership to

contribute to planning the group's learning and synthesizing knowledge generated from convenings. While wiki technology is a promising tool for collaborative documentation, the potential for co-creating content was not fully realized in this project. It did, however, prove to be a useful repository for programs to access the work they did together and for learning about each other's programs, and sharing evaluation tools and curriculum resources. TCE recognized the potential of this technology to support cross-program learning; it planned to use the technology in future projects.

Evaluation of the Boundary-Crossing Leadership Initiative

A multicultural approach to evaluation

The California Endowment has been a pioneer in developing and promoting multicultural approaches to evaluation. A multicultural approach honors different ways of knowing, recognizes that groups have different learning questions, acknowledges and addresses the power dynamics that exist between funders and grantees, and ensures that the evaluation process is culturally relevant and constructive for communities (Inouye, 2005).

The LLC team had the dual role of building the capacity of programs to design and implement their own program evaluations, and of coordinating and managing an initiative-level evaluation. Combining these roles enabled the LLC team to establish trust with program staff by engaging them deeply in their own learning and creating an environment for honest feedback about the initiative-level evaluation design. Since evaluation is a practice fraught with power dynamics and distrust (particularly for communities of color who often have little control over or input in shaping the purpose of the evaluation, the questions asked, or the meaning drawn from the data collected), the LLC team focused on relationship building, listening, and peer learning.

Using EvaluLEAD to build capacity and develop a shared evaluation framework

The LLC team provided training to program and

TCE staff on how to use EvaluLEAD to clarify the intended results of their programs and the boundary-crossing leadership initiative overall.

EvaluLEAD was developed through a partnership between the Public Health Institute, the U.S. Agency for International Development, and the W.K. Kellogg Foundation to create a framework for evaluating leadership development programs that is rooted in an "open systems approach."

An open-systems view of interactions and connectivity between activities, programs, people, organizations, and communities implies recognizing that participants benefiting from leadership development programs also experience a multitude of nonprogram stimuli. (Grove et al., 2007)

Leadership programs produce different types of results. Some results are episodic, such as knowledge or a skill acquired. These results are directly stimulated by program action. Some results are developmental, such as the formation of relationships or the growing awareness of one's strengths and weaknesses as a leader. These results may have seeds planted during the program, but they are not fully knowable at the end of the program. Some results are transformative, such as a shift in organizational culture or a change in worldview. These results are not predictable in any time frame, yet many programs intend to create the conditions for profound transformation to occur.

EvaluLEAD addresses a weakness that many leadership-program evaluations encounter by focusing narrowly on short-term individual effects since those are easier to document and attribute to the program. The organizational, community, and field-level effects are often desired results but not tracked or evaluated because they take time to unfold or become fully known.

All of the programs and TCE created their own results maps. A results map provides a comprehensive picture of where programs hope to see results and what concisely those desired results are. They are aspirational in that they identify results that are uncertain and that have other

sources of influence besides the program itself. A results map sets an intention for the program that can guide program design and evaluation. The California Endowment results map is provided as an example [see Figure 2]. Programs were given technical assistance to refine their results maps, and to discuss evaluation strategies and approaches they might use to collect data and stories about the results.

The programs explored where there were similarities and differences in the results they were

seeking. Identifying a set of cross-program results would enable the evaluation team to explore whether these results were occurring in different contexts and how they were being supported by the programs. Some shared results included:

- Leaders from diverse backgrounds collectively participate in joint health campaigns.
- Leaders strengthen relationships and shared vision and move to action.
- Leaders increase their capacity for health-systems analysis and systems-change work.

FIGURE 2 The California Endowment EvaluLEAD Results Map

TCE Boundary-Crossing Leadership Strategy					
SOCIENTAL/COMMUNITY		SOCIENTAL/COMMUNITY		SOCIENTAL/COMMUNITY	
Episodic		Developmental		Transformative	
Organized efforts within California's health system and communities cross boundaries and silos and bring new visibility and resources to community and policy efforts to address health disparities.		California's health systems' divisions and silos are increasingly breaking down/being bridged because communities and health leaders are better leveraging their resources to support systemic solutions to health problems.		California communities and health systems meet the health needs of all residents providing equitable access to quality care that eliminate health disparities.	
<i>Gather Facts</i>	<i>Collect Opinions</i>	<i>Track Markers</i>	<i>Compile Stories</i>	<i>Measure Indicators</i>	<i>Encourage Reflection</i>
ORGANIZATIONAL		ORGANIZATIONAL		ORGANIZATIONAL	
Episodic		Developmental		Transformative	
TCE-funded leadership development grantees recruit and provide training on boundary-crossing leadership that addresses health disparities.		TCE grantees are developing (21 st Century) leadership capacity and bringing increased visibility to the use of "boundary crossing" to support and sustain leaders with a commitment to health systems change that leads to improvements in community health.		TCE grantee organizations and their program graduates are modeling boundary crossing leadership by working together to achieve breakthrough changes in reducing health disparities.	
<i>Gather Facts</i>	<i>Collect Opinions</i>	<i>Track Markers</i>	<i>Compile Stories</i>	<i>Measure Indicators</i>	<i>Encourage Reflection</i>
INDIVIDUAL		INDIVIDUAL		INDIVIDUAL	
Episodic		Developmental		Transformative	
Leadership program participants take action with others beyond their existing relationships, and across boundaries of race, ethnicity, sector, gender, and class.		Leadership program participants understand that systems level change requires that health leaders build relationships and networks that span boundaries of race, ethnicity, sector, gender, class, issue, professions and organization.		A diverse group of (21 st Century) leaders are sharing resources and working together to solve complex health problems in their communities.	
<i>Gather Facts</i>	<i>Collect Opinions</i>	<i>Track Markers</i>	<i>Compile Stories</i>	<i>Measure Indicators</i>	<i>Encourage Reflection</i>

- Leadership becomes more collaborative, inclusive, and cross-cultural.

The learning-circle group also identified a core set of boundary-crossing leadership competencies (Figure 3) that were later tested through a series of focus groups.

Conducting an initiative-level evaluation

The LLC team originally intended to conduct an initiative-level evaluation. The project was significantly scaled back after a series of discussions with the learning circle. For several programs, the timing was not right because their programs were still in the development phase; other programs had no framework yet for evaluating their program outcomes, making it difficult to frame cross-program learning opportunities. Nonetheless, the LLC team and learning-circle participants decided to conduct two cross-program studies.

Validating boundary-crossing leadership competencies across programs

The first study assessed the validity of the boundary-crossing leadership competencies that the learning-circle generated. The LLC team conducted a series of focus groups with program participants, asking them which competencies they needed to be effective boundary-crossing leaders. The most frequently mentioned competencies were:

- listening,
- taking time for reflection and pausing,

- having the confidence and courage to take risks,
- willingness to learn,
- being personally prepared to lead,
- an ability to see systems,
- an ability to build relationships with allies,
- an ability to focus on what groups share in common,
- being able to create and hold neutral space for diverse people to come together for dialogue and action,
- awareness of how culture, sector, and other areas of difference influence perspectives and actions,
- integrity,
- openness,
- patience,
- respect, and
- honest and transparent communication.

Both the learning-circle and focus-group participants emphasized the importance of listening and being open to learning. They also agreed that it takes personal work to be prepared to lead across boundaries and to have the courage and confidence to take risks.

The most significant differences between this list and the list generated by the learning circle in Figure 3 is the lack of focus on power and privilege. While focus group participants described situations in which power dynamics were present, they did not widely focus on having the capacity to analyze and reorganize power relations. In part, this may be explained by the greater number of focus-group participants from programs that less directly address “root causes of inequality”

FIGURE 3 Boundary-Crossing Leadership Competencies

- An ability and commitment to analyze and reorganize power
- A commitment to social justice, equality, inclusion, and empowerment of disenfranchised communities
- A capacity to apply an anti-oppression and anti-imperialist framework to an analysis of power
- An awareness of one’s own social location, power, and privilege
- Transparency and honesty
- An ability to maintain collaborative relationships
- A capacity to share leadership with others
- Humility
- Compassion
- Flexibility
- Willingness to challenge the status quo
- An ability to identify and use effective strategies
- A commitment to democratic decision-making
- An ability to critically analyze policy, program design, and operations

and “the systems of power, privilege, and oppression”; it may also, however, point to a need for programs to be more explicit about how power gets institutionalized.

Implementing boundary-crossing leadership action-learning projects

The second study focused on capturing and documenting learning from promising boundary-crossing leadership action-learning projects. The goal was to better understand how boundary-crossing leadership is practiced in the field. The projects were designed to cross a variety of boundaries: organizational; identity and neighborhood; cultural; ethnic community; generational; sectoral; and class (Reinelt, 2009). An analysis of these projects revealed valuable lessons about managing competition, integrating learning across all staff levels within organizations, taking the time to listen, communicating in culturally competent ways, fostering a sense of shared community, and bridging divides within the health care system.

Complexities and Challenges

There were a number of complexities and challenges in implementing this initiative that are common to learning-circle partnerships that engage community-based grantees. Following is a core set of learnings from this project.

1. Language and framing have the power to focus and align a learning-circle’s shared understanding of what it jointly believes, knows, and practices. From the outset of the learning-circle partnership, there had been a number of questions raised about the language of “boundary-crossing.” While some people liked the term because it drew attention to where leadership is most needed to achieve breakthrough changes in social justice, others thought it focused too much on what was being overcome rather than on positive results and the greater good.

The lack of consensus on the language of boundary-crossing leadership made it difficult to design cross-program evaluation tools that were relevant to each of the programs. The area

of greatest diversity among the programs was the focus on addressing the root causes of inequality and analyzing systems of power, privilege, and oppression. For some programs this is core to their understanding of boundary-crossing leadership, and for others it is less important.

2. Readiness within groups to participate in learning-circle and evaluation activities varies tremendously. Everyone in the learning circle had different degrees of knowledge and experience participating in learning communities and evaluations. Acknowledging these differences, and providing the supports and encouragement that are needed for people to recognize the value of cross-program learning and to have the confidence and skills to assess and improve their programs, requires time and technical assistance. Unfortunately, time is often in extraordinary short supply, especially for community-based organizations that are understaffed and under-resourced.

It takes personal work to be prepared to lead across boundaries and to have the courage and confidence to take risks.

Awareness and knowledge of how to conduct and use evaluation varied widely across the group. Two programs had well-integrated evaluation efforts, while most others were new to thinking systematically about program results. Feedback suggests that program staff benefited from the evaluation workshops, even though most did not engage in sustained evaluation efforts. Neither the programs nor TCE invested sufficiently in evaluation capacity building to significantly improve the quality of evaluation learning overall.

3. Resource constraints challenge the sustainability of learning-circle partnerships. More than half the organizations had significant amounts of staff turnover during the three years of the learning partnership. In many ways, the learning circle

offered new staff an opportunity to connect to resources that would help orient them in their new positions. On the other hand, staff turnover created organizational uncertainty, and in some cases new people came into the partnership with little idea why they should value participation in the learning-circle. It often takes several meetings for participants to experience for themselves the value of cross-program learning. Paying the cost for staff to travel and participate in convenings is critical to sustaining the participation of community-based organizations in learning partnerships.

Paying the cost for staff to travel and participate in convenings is critical to sustaining the participation of community-based organizations in learning partnerships.

Resource constraints are equally challenging for organizations when it comes to investing in evaluation. The design and implementation of an evaluation requires the kind of time and expertise that programs often do not have. Evaluation under these conditions becomes a significant burden. Programs that embrace evaluation, and that have experienced the value of reflection and learning, are more capable of using that knowledge to improve the program and attract further investments. Getting to that comfort level takes practice.

4. Power dynamics between grantees and funders complicate their ability to be in a learning relationship with one another. The power relationship between funders and grantees often inhibits transparency. Grantees may not reveal their challenges or failures for fear that it might jeopardize their funding; funders are not always aware of the power of their requests and how others adapt their behavior to give the funder what they want even if they disagree. These dynamics are complicated and require honest discussion. The participation of TCE program and evaluation staff

in the learning-circle was extremely important to the evaluation process because the evaluation constraints were jointly understood and adaptations to the process were made together. After the evaluation focus of the partnership ended, the grantees decided they wanted space for sharing without having funders present. Grantees continued to meet for a time as a “social justice” circle under the auspices of LLC.

5. Shifting priorities and transitions in senior leadership at foundations interfere with committing the time and resources that are needed to catalyze and sustain significant results. The California Endowment underwent a number of transitions during the course of the boundary-crossing leadership initiative, including the decision to redirect resources and reduce its staff in response to the economic downturn. TCE shifted its strategic priorities to focus on place-based partnerships that would work with local leaders and organizations to improve health outcomes for young people. Separate investments in leadership programs were largely phased out. In addition to changing strategic priorities, turnover in executive leadership meant that new efforts were needed to educate and build awareness among senior leaders about the value of investing in the development of boundary-crossing leadership.

Conclusion

Evaluation provided a focal point for the learning-circle partnership that was useful for both grantees and funders, especially during the early phase of the boundary-crossing leadership initiative that brought so many different stakeholders together. The learning-circle partnership created a greater degree of transparency and trust among grantees and funders than often tends to exist. They shared stories, challenged each other's assumptions, found similarities, and understood differences more clearly. Furthermore, they benefited personally and professionally from being in learning-circle relationships with each other. They learned that it takes time and an ongoing commitment to engage around a common purpose and to lay the groundwork for trust and understanding that creates an environment of honesty and transparency.

The learning-circle partnership created the conditions for designing and implementing an evaluation that was culturally appropriate, relevant to program readiness, and useful for answering critical questions about development of boundary-crossing leadership and highlighting promising practices. The limited capacity that programs have for engaging in evaluation learning points to one of the ongoing challenges for those who fund community-based grantees. The learning-circle offered an effective strategy for building evaluation thinking and capacity among grantees, mining cross-program learning, and testing out promising practices without making too many demands on the limited time and resources grantees have available.

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