Deepening Knowledge About How To Facilitate and Cultivate Boundary-Crossing Leadership Through Action Learning Projects

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Boundary-crossing is the capacity to work across differences to find common ground and act together in ways that benefit all. Over the past 5 years The California Endowment has invested in eight leadership programs that cultivate and support boundary-crossing leadership to improve community health, with a special focus on underserved constituencies, such as seniors, young people, and immigrants. A key learning component of these programs is “action learning projects.” Action learning often takes the form of organizational or community projects that give leaders a hands-on learning experience working across boundaries and an opportunity to practice and apply what they are learning in specific contexts.

Identifying Action Learning Projects to Profile
As part of an evaluation of TCE’s boundary-crossing leadership strategy, the Leadership Learning Community asked four programs that use action learning to identify and recommend projects that offered promising potential for deeper learning about how to cultivate and support boundary-crossing leadership. The four programs were Leadership Development for Interethnic Relations (LDIR), CORO Health Leadership Program, Partnership for Immigrant Leadership in Action (PILA), and California Association for Retired Americans (CARA). We looked for projects that met one or more of the following criteria:

- Projects demonstrated crossing boundaries of race, gender, class, age, sector, and/or profession.
- Projects involved at least two people from the program and/or brought together a diverse group from the community.
- Projects resulted in a significant outcome or some on-going or sustainable work.
- Projects resulted in a deeper personal understanding about working across differences.
Projects envisioned and began taking steps towards a systems change outcome.
The nature of the collaboration (activities used to foster collaboration) between different groups was innovative.

We selected six projects for more in-depth learning. For a list of projects, and people interviewed, see Attachment A.

**Desired Outcomes of Action Learning Projects**
The Action Learning Projects that were selected were designed to have the following types of health and quality of life impacts:

- Improve access and provision of community-based health care in an area of Los Angeles with the highest rate of uninsured residents
- Share information on seniors’ rights and how to get help when seniors are discharged too early or without preparation from the hospital
- Educate migrant farm workers about the health value of eating traditional foods and where to locate services to address mental health issues when their extended families are not available
- Improve personal and community health through a multi-racial, gay-straight walking group in adjacent neighborhoods in Los Angeles
- Organize immigrant communities to advocate for the passage and implementation of minimum wage laws
- Provide more appropriate mental health care for residents of Skid Row through an integrated model of community psychiatry

**Crossing Boundaries**
Boundary-crossing took different forms in each of these projects.

**Crossing organizational boundaries.** Seven community clinics that serve the SPA 6 area of Los Angeles had a history of competing with each other for clients. Through external consultation by CORO fellows, a coalition was formed to collaboratively design a marketing campaign to strengthen the capacity of community health centers to serve “impoverished, vulnerable, publicly insured, and under-or uninsured people,” and improve referrals for all clinics in the coalition.

**Crossing identity and neighborhood boundaries.** The Echo Park/Silverlake/Filipinotown area of Los Angeles is home to the Filipino community, the Latino community and the gay community among others. LDIR program participants developed a walking group that walked around the Echo Park Lake twice a month on Saturdays. They called their group WALC (Walking, Action, Leadership, and Community). WALC brought together neighbors of different races, sexual orientations, and age to exercise and walk together. In the process they got to know each other.
Crossing cultural boundaries. The mental and physical health of Mexican immigrants often deteriorates when they come to California’s Central Valley because they lose extended family support systems and give up eating traditional foods. A PILA program participant produced a Spanish-speaking radio series to educate migrant workers about the health value of eating traditional foods and how to seek services to address mental health issues.

Crossing ethnic community boundaries. The Chinese Progressive Association (CPA) has been instrumental in changing labor laws in San Francisco and in educating its members to monitor the implementation of these laws. CPA recognized that becoming too internally focused on the Chinese immigrant experience would stifle creativity and progress for the group. Partially as a result of PILA’s leadership program CPA began participating in immigrant solidarity committees and the May 1st Alliance – a coalition of five organizing groups, including The Day Labor Program, People Organized to Win Employment Rights (POWER), CPA, Mujeres Unidas y Activas and St. Peter’s Housing Committee. The May 1st Alliance supports each other’s mutual efforts to organize around land, work, and power. Ultimately they hope this group will support immigrant and ethnic communities to act in solidarity with each other’s organizing efforts.

Crossing generational boundaries
CPA has always sought to build partnerships between youth and adults that engage young people and teach them how to organize and build a democratic organization. Recently the generational differences in how members use technology have revealed a divide between the younger and older generations. CPA is seeking ways to engage youth more effectively by developing youth gathering spaces, and providing workshops with a specific youth focus.

Bridging health silos. The divide between primary care and mental health care has been a quality care for homeless people living on Skid Row. CORO fellows did an assessment of where there were gaps in services and identified opportunities where primary care and mental health practitioners could work together.

Crossing boundaries of class
CPA uses political education with a focus on understanding history and systems of oppression in both the US and in China to assist members in becoming more aware of class boundaries. Crossing boundaries of class has been among the most challenging aspects of CPA’s work. Often Chinese immigrants sympathize with their boss and/or feel lucky to have a job at all. A PILA CPA participant commented, “We try to unveil the ways in which their boss is taking advantage of them. We have lots of discussions around issues of power...we don’t have it all right, the best we can do is try to confront the issues of class and power directly and talk about them.”
Lessons Learned about Facilitating and Cultivating Boundary-Crossing Leadership

Managing competition
One of the issues in establishing an effective coalition of community clinics is the competition that clinics had with each other.

*We struggled with the competition aspect—yes, all the CEOs know each other, but do they trust each other?*

Having an outside expert identify and highlight the strengths of each of the clinic organizations in the coalition, and incorporating their interests into the purpose statement of the coalition was key to developing positive and trusting relationships among coalition members and between the coalition members and the outside consultant. Transparent communication builds trust.

Expanding the reach of the coalition
Coalitions of organizations are often represented by the CEOs of those organizations. In the case of the Community Clinics coalition, clinic employees were generally unaware of the coalition’s mission and purpose and therefore were not able to be effective advocates for the coalition’s goal of increasing patient referral opportunities and improving the quality of care based on collective understanding of excellence and best practices. The CORO fellows developed a communications plan to promote the coalition’s mission among clinic staff.

Finding time to listen
A senior organizer spoke about how she has learned to slow down and listen in order to help seniors find their voice.

*I’ve learned how to help seniors communicate better by being patient and listening to them. Restating in lots of different ways what they might be trying to say until I get to the main point and help them see what’s the most important thing to share with other people.*

CARA has learned to adjust the agenda of their meetings to make time for socializing so that participants feel freer to speak their mind even if it is not always precise and to the point.

*People live alone. They really need some place to talk. At our meetings we have a lot of talking; we listen to them, acknowledge them, and then we get them in the right mindset for making change.*

Communicating effectively
In hosting a radio show for migrant workers, the producers realized that by showcasing limited Spanish speakers, they were doing a disservice to the migrant population. They began to appreciate that the needs of the
population were not being taken seriously when the show had guests on whose Spanish was flawed. The health campaign’s success depends on a high degree of fluency and an ability to communicate technical information in terms that the population can understand.

Communicating effectively also requires knowing who your audience is and what they want.

_We constantly have to remind the experts – look if you really want to make your message strong you need to change this or change that – we know when people are bored or not listening. We know what gets people’s attention. Sometimes it’s a literal translation, sometimes something more subtle, but we are constantly crossing boundaries._

Creating a sense of community
The WALC facilitators always brought fresh fruit, granola bars, water, and a banner with the name of the group “WALC” so that the group would be easy to locate. The group also wore T-shirts with the name and logo that was developed by a professional graphic designer. One person would facilitate a warm up and stretches and then the group would get started walking and naturally break up into smaller groups based on desired speed. The facilitators developed questions related to health to stimulate dialogue during the walks. Questions were purposely designed to be simple and not intimidating. One example was, “What do you think would make this community healthier?” Questions were typed up for the different groups in very large print.

Understanding the history of existing boundaries
The boundary between primary care and mental health care has a long history. Funding practices have contributed to how this boundary got structured. The result is that primary care and mental health care practitioners have become very protective of their programs and worry about losing support. Understanding this history enables consultants to better facilitate a trust-building process.

**Lessons Learned about Action Learning Project Implementation**

Managing project demands with limited staff
The staff of grassroots organizations is often incredibly strained and find it difficult to dedicate time to the work of leadership development. Producing the radio series took one full Friday a month for one of the producers in addition to prep time. When she was out of the office, someone else in the organization had to cover for her, which often left other responsibilities undone.

Setting the right expectations for the project
The WALC project was successful in part because it did not set out to accomplish too much. The goal was to get diverse groups of people together
to walk around the lake. In that process they developed relationships with their neighbors, were exposed to different cultures and life experiences that they otherwise would not have been, and created a public display of pride in personal health and in the neighborhood by visibly walking around a community landmark.

_People were so distracted by the activity itself, “walking and talking” to realize – oh! We are building relationships...this activity helped the relationships emerge in a natural way._

**Effective preparation and facilitation**
The logistics around the preparation for the walks were key to making them successful.

_As simple as it is, visibility is key. Include a large banner with bright colors that is easy to spot. The T-shirts also helped. They helped promote the group, caused people to stop and ask questions and decide to get involved._

The group also sought to keep the activity simple so that people could easily get involved.

Having facilitators from the key geographical areas and ethnic groups with some basic training in group facilitation was essential to the success of the project.

_For a group of 20, we found we needed at least four facilitators._

Some skills that the facilitators needed included ensuring that everyone who wants to participate has a chance to do so, modeling respect for different ideas and opinions, and getting the group warmed up to talking.

**Establishing trust as an outsider**
When program participants design and implement an action learning project within a context in which they are outsiders, careful attention needs to be paid to building trust. CORO fellows who worked on the homeless healthcare project found it difficult to establish trust in part because proper introductions were not made, and there was unclear communication about the role of CORO fellows.

_For a number of reasons we were never able to get people to know us and trust us. The trust issue is so important. Expectations need to be made clear from the beginning._

**Collecting data appropriately**
The process of collecting data at the start of a project in order to better understand a problem is an important activity. In the homeless healthcare
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project, CORO fellows developed a survey tool to assess where gaps in services were and to identify where there were opportunities for mental health and primary care practitioners to work together. The survey had a very low response rate in part because it was too long. Developing data collection methods that are efficient and not too demanding for stakeholders is critical to getting their support.

Areas for Further Learning

Dealing with issues of power
The term “crossing boundaries” does not convey explicitly enough how privilege influences how the terms for boundary-crossing get set. Boundary-crossing is not power neutral. Some groups have more power than others and can set the terms on which boundary-crossing will occur. How do constituency groups or communities that have less access to sources of power strengthen their capacity to cross boundaries and hold others accountable for their behaviors and actions? How do those with privilege and power create the conditions for boundary-crossing that is not oppressive?

Overcoming fear and a long history of tension
Oftentimes the boundaries that leaders seek to cross are the result of deep-seated fears and a long history of tension. What is the best way to begin opening up a dialogue between sectors, communities that have a history of tension? How do you surface fears and past grievances in ways that enable people to find common ground? What are appropriate expectations for short-term learning projects when there is a history of tension between sectors or communities?

Designing and supporting action learning projects to cultivate boundary-crossing leadership in health
Often action learning projects are a secondary activity for leadership programs that occur outside the training or workshop sessions. Programs vary in how they prepare and support program participants to design projects. What are promising practices for designing action learning projects that promote successful outcomes? How are participants supported to learn from one another as they implement their action learning projects? How are stakeholders engaged in the design process for action learning projects?

Documenting and sharing action learning project strategies and results
Action learning projects often produce valuable results. Finding ways to document and share those results is important to the leadership development field and for those who are engaged in cultivating boundary-crossing leadership. Project teams may want to document some of the following:

- How many people have participated in project activities?
• Do people participate across traditional boundaries that may divide them?
• What project strategies are used to facilitate boundary-crossing leadership development?
• How is working across boundaries improving individual and community health?
• What are the on-going boundary-crossing challenges and how are those being addressed?
• How are project participants reflecting on and learning together from their experiences?

Action Learning Projects are an important and useful tool for leadership programs that are seeking to facilitate boundary-crossing leadership development. In this brief report, we have shared a number of lessons about successfully cultivating boundary-crossing leadership and lessons about how to successfully implement them. Further exploration of these topics will continue as these leadership programs meet together in a learning circle convened by the Leadership Learning Community. For further details about learning circle meetings and what is being learned about cultivating supporting, and evaluating boundary-crossing leadership development, consult the Boundary-Crossing Leadership Wiki at http://boundarycrossing.pbwiki.com.
Attachment A
List of Informants and Their Projects

1. **Carol Bailey**, CARA Leadership Training Program - *CARA Action Teams*

2. **Dimitrios Alexiou**, Associate Director, PCCHI, Coordinator, Tattoo Removal Program, Providence Health & Services - *Southside Coalition Project – Setting the Bar: Achieving and Promoting Healthcare Excellence in South Los Angeles (SPA 6)*

3. **Maria Erena**, Producer Radio Bilingue - *Media Outreach: Health Promoting for Migrant Workers*

4. **Alex T. Tom**, Campaign Coordinator, Chinese Progressive Association - *Restaurant Workers Campaign*

5. **Brooke Fox**, Project Manager, National Health Foundation - *Homeless Healthcare Project – Bringing LA Home: Integration & Expansion of Mental Health Services for the Homeless*