

A Response to CURA

An Analysis of CURA's Reporting on Neighborhoods 2020

January 26, 2020



Executive Summary

In late 2019, Center for Urban and Regional Affairs (CURA), a department of the University of Minnesota, announced that it had been hired by the City of Minneapolis to “complete the resident-led process of furthering the Neighborhoods 2020 framework and developing program guidelines at the ‘Collaborate’ level of engagement based on the International Association of Public Participation Spectrum.” (PECE Item #1, City of Minneapolis).

In response to recent public reporting by CURA and recent statements made by CURA spokespersons to media, we conducted an analysis to test several findings reported by CURA:

- Historical allocations were not based on a racial equity premises.
- The primary benefactor [sic] of this work is white homeowners.
- The outcome of the work is racial inequity (institutional racism) largely driven by NRP allocations.
- CPP was more equitable than NRP.

Our analysis relies on a more complete data set than that apparently used by CURA, including demographic data from Neighborhood Housing Services (NHS), NRP PlanNet data for neighborhood allocations, and NRP PlanNet data for contracts and expenditures. We also reviewed previous studies of the NRP program.

Our analysis finds that:

- NRP allocations were more heavily weighted to the most diverse and low-income neighborhoods in Minneapolis;
- CPP allocations were not more equitable than NRP allocations, and were, unlike NRP allocations, neutral in regards to neighborhood diversity or average household income.
- CPP allocations represented a major disinvestment in the most diverse and low-income communities when compared to NRP allocations.
- White affluent homeowners were not the primary beneficiaries of NRP home loan and grant programs. More complete data shows that, particularly in early years of NRP, Black and low-income homeowners were major beneficiaries of NRP home loans.
- Many other types of neighborhood NRP housing programs directly benefited communities of color, low-income communities, and special need communities (addiction, living with HIV/AIDS, seniors and disabilities as examples).

Our examination finds that CURA was negligent at best in their use of data and subsequent analysis of facts. Their use of data raises concerns about cherry-picking of data, and bias in their analysis. Because CURA apparently did little to verify the accuracy or completeness of their data, or to show any independence from the City in

collecting data, their study is neither valid nor reliable. We believe CURA's conclusions, particularly about the primary beneficiaries of NRP home loan programs, and racial inequity of NRP allocations, are simply not supported based on all of the evidence available.

Introduction and Background

On February 22, 2018, the Minneapolis Neighborhood and Community Relations Department (NCR) released the “Neighborhoods 2020 Roadmap.”

After the community expressed strong distrust and many questions about the process followed by NCR in developing the following Framework, in May 2019, the City Council directed the City Coordinator’s office to “collaborate with consultant to complete the resident-led process of furthering the Neighborhoods 2020 framework and developing program guidelines at the ‘Collaborate’ level of engagement based on the International Association of Public Participation Spectrum.” (City of Minneapolis, undated).

In their reporting to date, CURA draws several conclusions about the Neighborhood Revitalization Program (NRP) that for more than twenty years has provided significant funding for bottom-up, resident-based planning through neighborhood organizations.

Among these conclusions:

- Historical allocations were not based on a racial equity premises.
- The primary benefactor [sic] of this work is white homeowners.
- Some neighborhoods still have large NRP dollar balances and have not programmed a way to spend them.
- The outcome of the work is racial inequity (institutional racism) largely driven by NRP allocations.
- CPP was more equitable than NRP.

Our goal in this study is to test these conclusions by providing additional analysis based on more complete data sets.

Analysis

Were NRP allocations slanted towards white, affluent neighborhoods?

In a Powerpoint presentation, CURA states:

- “The outcome of the work is racial inequity (institutional racism) largely driven by NRP allocations.”
- CPP was more equitable than NRP

Are CPP funds more equitable than NRP Phase I or Phase II funds?

To answer this question, we studied how allocations were made to neighborhoods on a per capita basis, since the neighborhoods represented by neighborhood associations vary so greatly in population (Longfellow Community Council represents more than 21,000 residents, while Northeast Park Neighborhood Association represents just less than 700)

Chart 1, below, compares NRP Phase I, NRP Phase II, and CPP per capita allocations by neighborhood, compared to the relative diversity of the neighborhood:

Our analysis compares the allocations for each program on a per capita basis per neighborhood with the statistical diversity of each neighborhood, and with average household income.

(Diversity of neighborhoods is measured using the Shannon-Wiener Diversity index and is based on data from Minnesota Compass 2015 data set using American Community Survey data).

On Chart 1, allocations per neighborhood are compared to neighborhood diversity, with the least diverse neighborhoods on the left of the horizontal scale, and more diverse neighborhood on the right of the horizontal scale.

Chart 1 shows that, on a per capita basis, NRP Phase I allocations were the most heavily weighted towards more diverse communities, while CPP allocations were, in fact, nearly neutral in regard to neighborhood diversity.

Chart 1: Program allocations compared to diversity of neighborhoods.

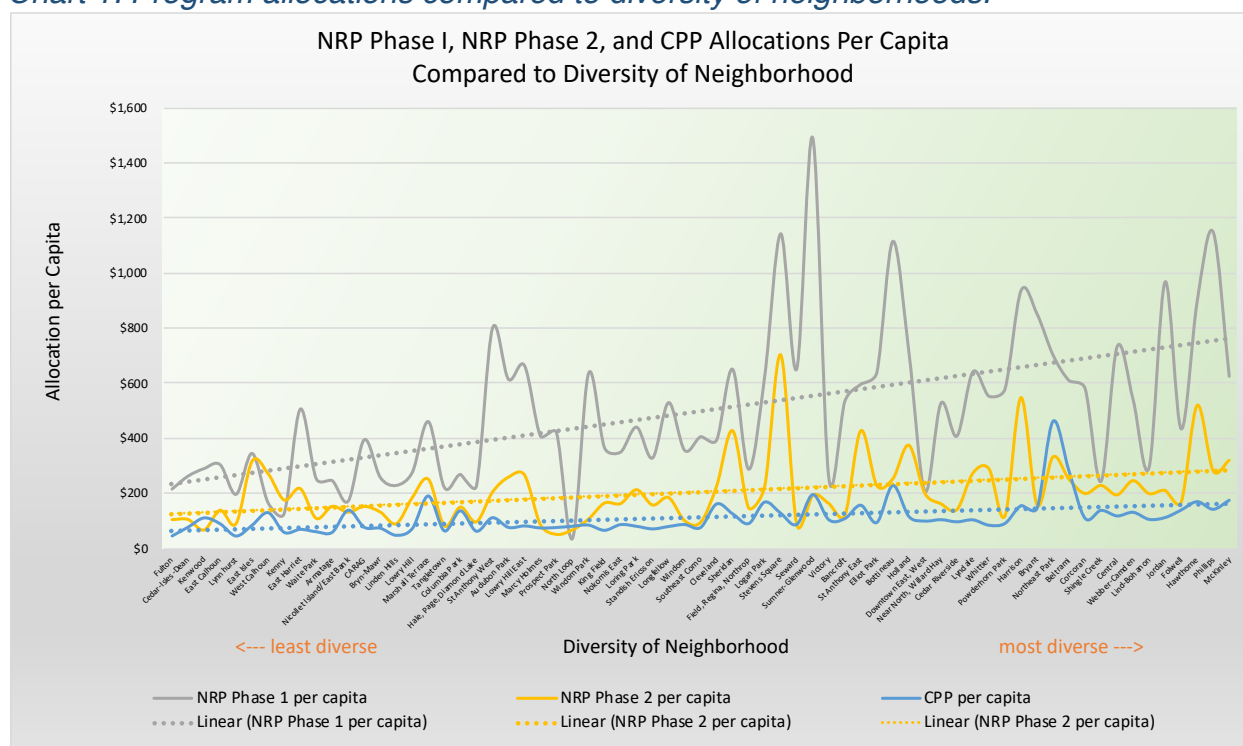


Chart 2 again demonstrates that NRP allocations were, in fact, far more equitable than CPP allocations when measured against average household income. NRP Phase I and Phase II allocations were generally higher in neighborhoods where average household income was lower, while CPP allocations remained largely neutral in regards to average household income.

[illegible]

Furthermore, our data, as show in Charts 3 and 4 below, show that CPP allocations actually are associated with a significant disinvestment in all neighborhoods, and particularly in the more diverse and low-income neighborhoods.

Charts 3 and 4 below illustrate NRP Phase I and Phase II allocations compared to CPP allocations by community on a per capita basis. (“Communities” are long recognized groupings of neighborhoods across the City, and are one of the ways that Minnesota Compass organizes Census data. This grouping used by Minnesota Compass is a convenient way to aggregate the data.)

Chart 3: NRP allocations by community

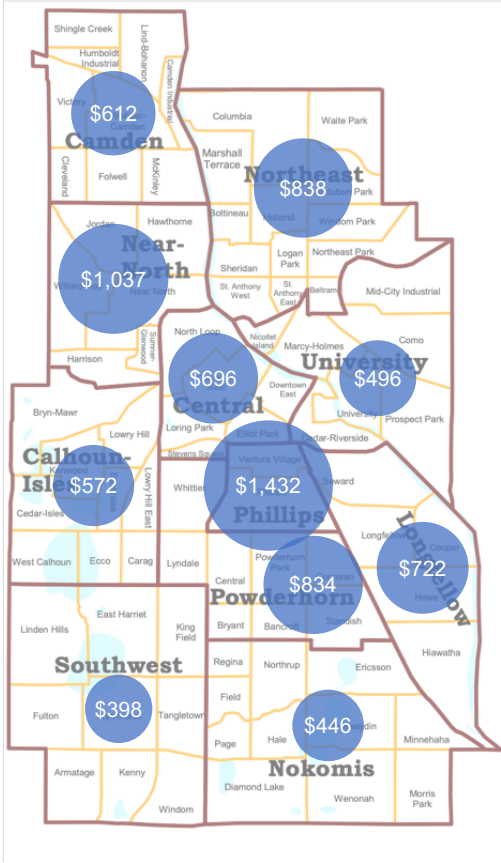


Chart 4: CPP allocations by community

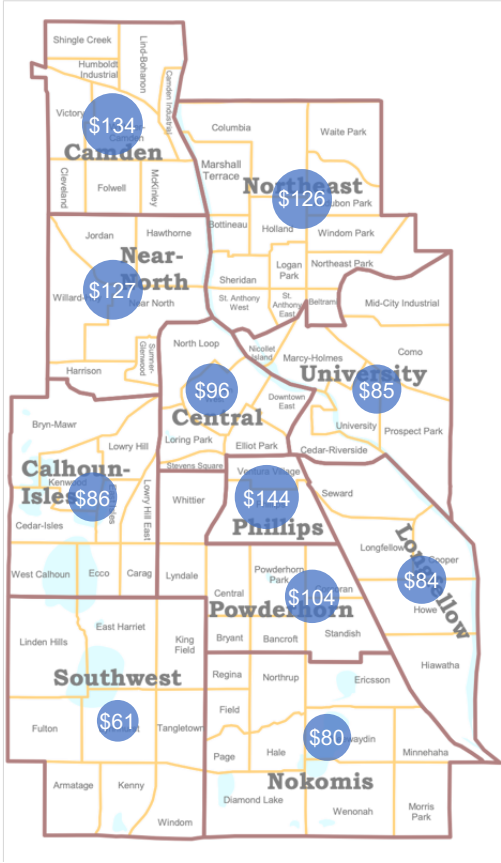
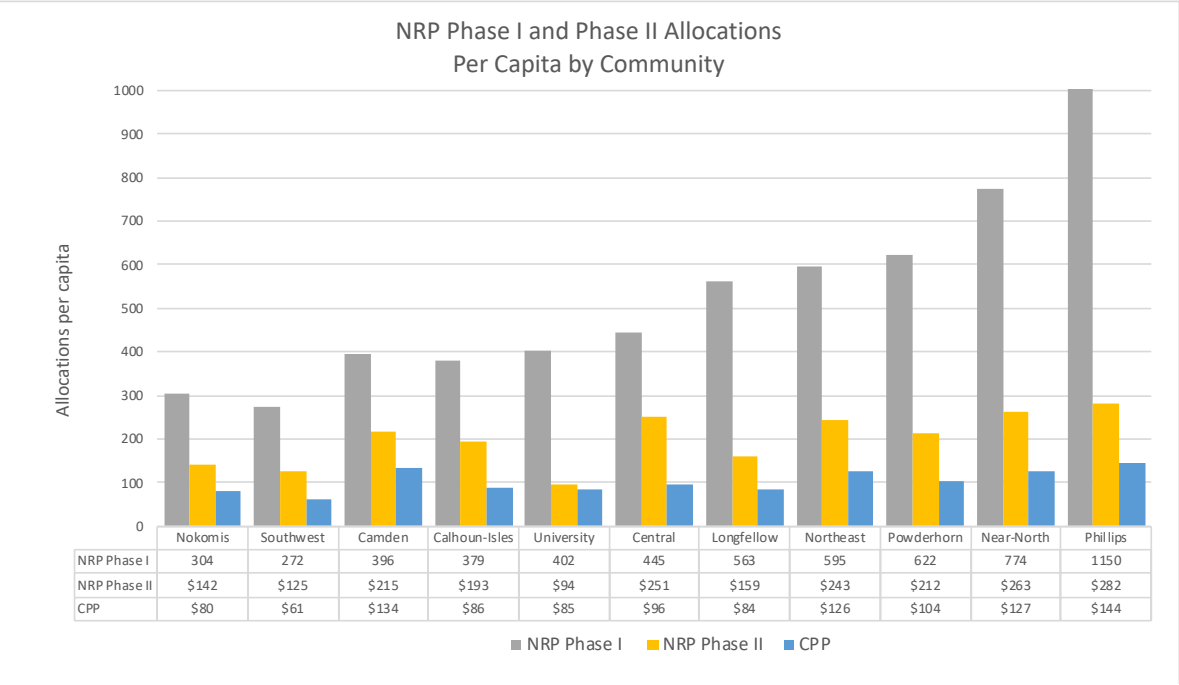


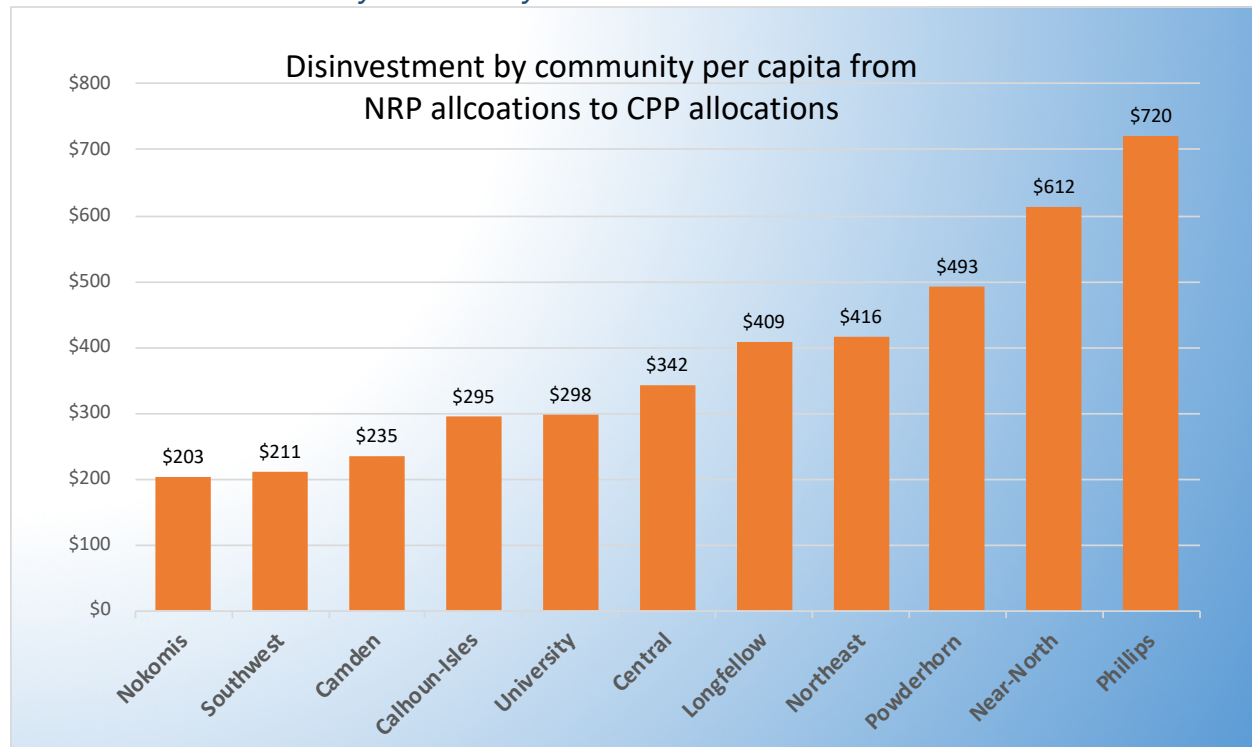
Chart 5, below, shows allocations broken down by community on a per capita basis for NRP Phase I, NRP Phase II, and CPP allocations.

Chart 5: NRP Phase I, Phase II and CPP allocations per community.



If we examine the level of change by community from NRP to CPP, the differences are stunning. Chart 6 shows the difference between NRP Phase I allocations by community and CPP allocations by community on a per capita basis. The disinvestment in the most diverse neighborhoods of the City, such as Phillips and Near-North, are significantly greater than in less diverse and more affluent neighborhoods such as Nokomis or Southwest.

Chart 6: Disinvestment by community:



Our data comes primarily from two sources.

- (1) demographic data was downloaded from Minnesota Compass, using the five-year rolling American Community Survey data for 2015.
- (2) NRP allocations downloaded from the NRP PlanNet data base in November, 2019.

To measure diversity, we used the Shannon Diversity Index, a statistical formula commonly used in population and biology studies to weigh the relative diversity of a community.

Were the primary benefactors of NRP programs white homeowners?

Chart 7 below is from a Powerpoint show presented by CURA at a recent community meetings. CURA uses this data to make the claim that NRP housing funds heavily benefited White, affluent homeowners. However, our review of the data and further analysis shows that CURA's conclusions are not supported by the actual evidence.

Chart 7: CURA's presentation on CEE data:

Analysis of CPP Housing Program Benefactors - Funded

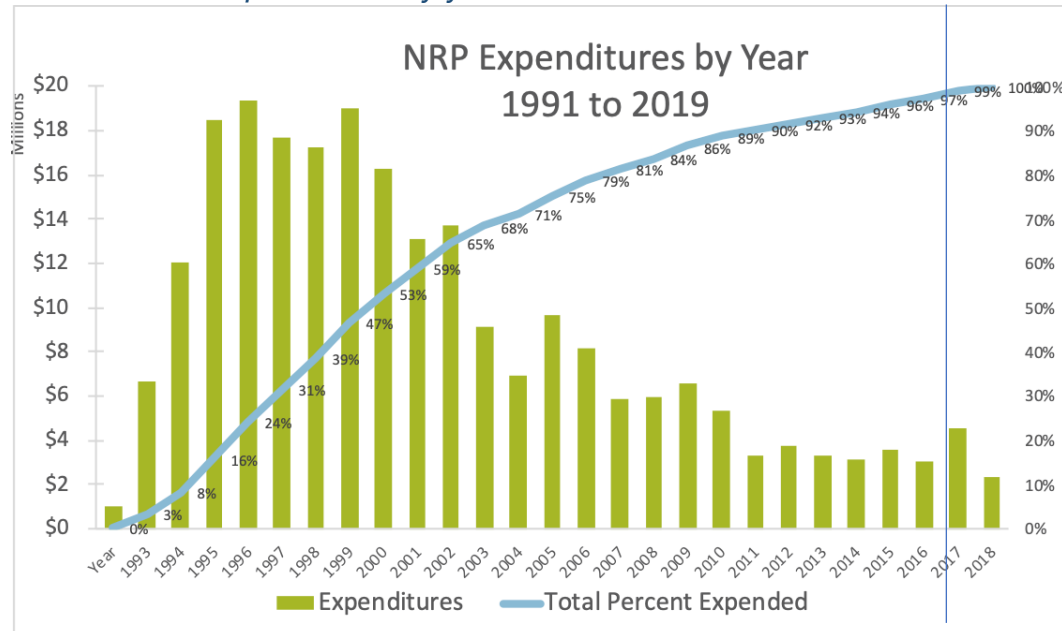
Closed 1/1/2013 - 10/23/2019		
Borrower #1 Race		
American Indian or Alaska Native	9	1%
Native Hawaiian or Other Pacific Islander	0	0%
Asian	20	3%
Hispanic	29	5%
American Indian or Alaska Native	1	0%
Black or African American	86	14%
White	481	77%
Information not provided by applicant in mail, internet or phone	36	6%
Total	626	
Borrower #2 Race		
American Indian or Alaska Native	1	0%
Native Hawaiian or Other Pacific Islander	1	0%
Asian	7	3%
Hispanic	4	2%
Black or African American	20	8%
White	198	81%
Information not provided by applicant in mail, internet or phone	14	6%
Total	245	

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& Regional Affairs

There are several problems with this chart, besides the fact that, by CURA's own admission, the labeling is incorrect (this is not a CPP program, but rather data from the Center for Energy and the Environment).

One significant problem is that the data displayed in Chart 7 represents only a single housing vendor, Center for Energy and the Environment (CEE) and only covers the years 2013 to 2019. However, in earlier years, there were many other vendors who managed neighborhood NRP loan and grant programs. Further, more than 90% of NRP funds were, in fact, expended by 2013 (see Chart 8, below).

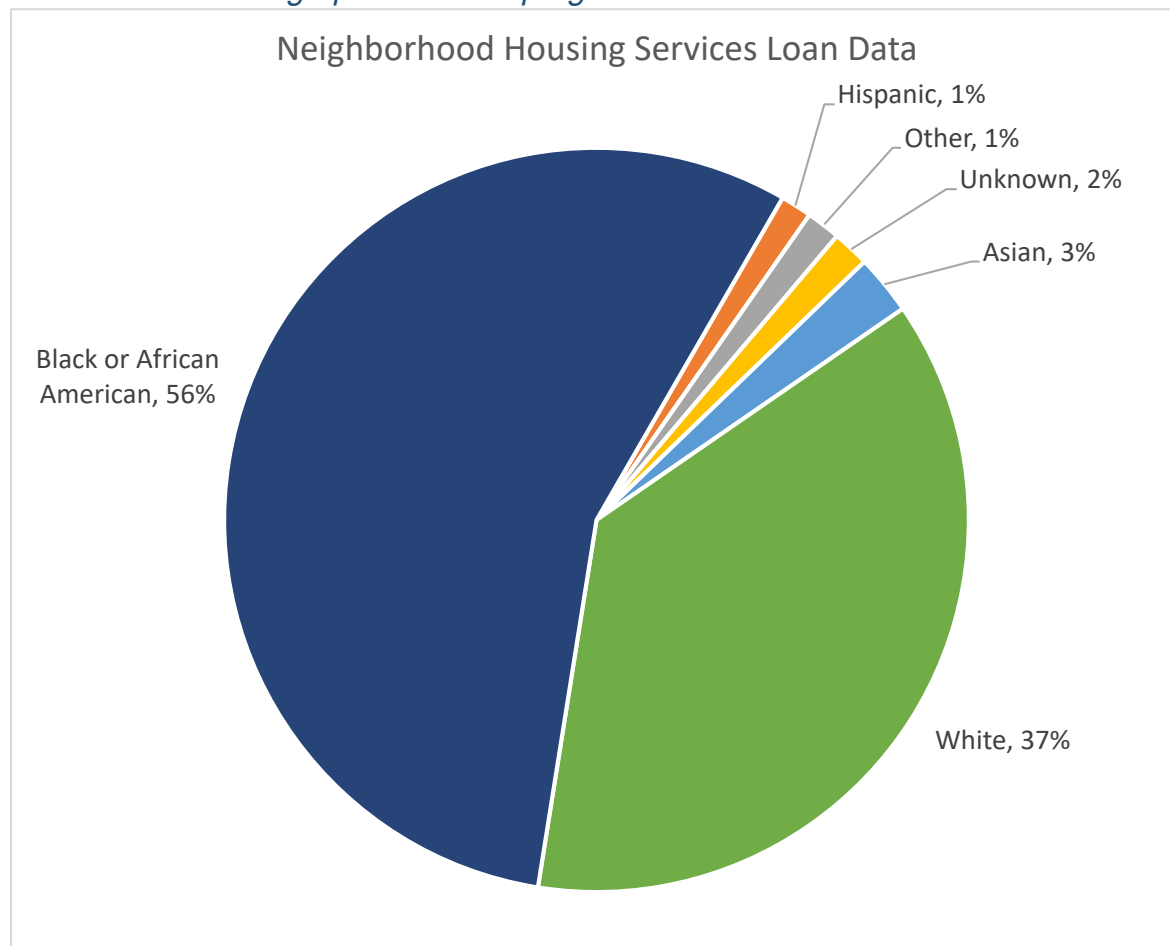
Chart 8: NRP Expenditures by year



The CEE data is not the only data set available. Fortunately, data from Neighborhood Housing Services (NHS) is also available, and covers the years 1993 to 2003, the heart of the NRP years as you can see from Chart 8, above, and contains more data.

The NHS data shows that 55% of NHS home loans and grants went to Black or African American households. Chart 9 shows how the NHS data breaks down.

Chart 9: NHS demographics of loan programs from 1993 to 2003



The NHS-only data set clearly presents a very different picture from the CEE-only data set presented by CURA. If you were selective in looking at data, you might come to a very different conclusion from CURA, and conclude that African-American households were in fact the major beneficiaries of NRP home loan programs.

Further, the NHS data represents a total of 808 completed loans, compared to a total of 607 completed loans for CEE. Chart 10 shows the outcome if you combine the CEE data with the NHS data:

Chart 10: Combined CEE and NHS Data

	NHS Loans	%	CEE Loans	%	COMBINED		2010 Census
					Total	%	
American Indian or Alaska Native		0.0%	9	1.5%	9	0.6%	1.7%
Asian	21	2.6%	20	3.3%	41	2.9%	5.6%
Black or African American	451	55.8%	83	13.7%	534	37.7%	18.3%
Hispanic	11	1.4%	3	0.5%	14	1.0%	10.5%
Other	12	1.5%	0	0.0%	12	0.8%	
Unknown	13	1.6%	32	5.3%	45	3.2%	
White	300	37.1%	460	75.8%	760	53.7%	60.1%
Total	808	100.0%	607	100.0%	1415	100.0%	

An even more statistically significant difference became apparent when we compared actual contract expenditures for CEE contracts during the years 2013 to 2019 to NHS contract expenditures during the years 1993 to 2003. The total value of CEE loans during those years was \$2,359,138.34. The total value of NHS loans during the period 1993 to 2003 was much greater: \$13,895,693.

The data used for Chart 11 comes primarily from CEE demographic data from 2013 to 2019, and from NHS demographic data for the period 1993 to 2003. We also relied on contract data from the City's PlanNet database.

Since NHS also collected data on household income, we can test whether their loans went to households above or below the median income.

Chart 11 shows that almost 60% of NHS loans went to households at 80% or less of metro median income.

The NHS data also shows that almost 60% of NHS loans went to households at 80% or less of metro median income.

However, a review of home loan data through vendors such as CEE or NHS does not provide a complete picture of NRP housing expenditures. As stated in the 2006 Nesse & Lukermann study on NRP, "the single-family home improvement loan programs are only a small part of the activities of neighborhoods" (p. 18).

Chart 11: NHS Income Demographics

NHS Data			
% of Metro Median Income	# of Loans at/below % of MMI	% of Loans at/below % of MMI	Cumulative % at/below % of MMI
50%	226	28%	28%
60%	97	12%	40%
80%	153	19%	59%
100%	137	17%	76%
110%	31	4%	80%
125%	58	7%	87%
>125%	82	10%	97%
Unknown	24	3%	100%
Total	808		

We also reviewed contract data from the NRP Database for all 2,414 NRP contracts from 1993 to the present. We reviewed the contract descriptions to identify housing

contracts that were identified as specifically for low-income, renters, or specific populations such as homeless youth, American Indian Elders, and others. A quick review of NRP contracts from the years 1993 to 2019 shows almost \$30 million in 132 NRP Phase I and Phase II contracts directed to multi-family, low-low-income, and special needs populations.

Examples of the types of projects not accounted for in CURA's research include the following:

- \$450,000 to the Indigenous Peoples Task Force to develop housing for American Indian individuals and families living with HIV/AIDS.
- \$453,053 in contracts to build and support Bii Di Gain Dash Anwebi Elder Housing for American Indian elders.
- \$1,314,922 to Bridge for Runaway Youth, Youthlink, and Barnabas Housing LLP to construct, expand and provide services for homeless youth.
- Numerous contracts for Block Nurse programs, designed to help Seniors and people with disabilities to continue to stay in their homes.
- Numerous contracts including provisions for loan programs to provide accessibility improvements for homeowners with disabilities.

A more complete list of these contracts is attached as Appendix A.

Conclusions

We analyzed more complete data sets, including a review of demographic surveys from Northside Neighborhood Housing Services from 1993 to 2003, NRP program allocation data, and contract data. These data show that NRP allocations, particularly in Phase I, were actually more – not less – heavily weighted toward more diverse and low-income communities.

Our analysis is consistent with the findings of a 2006 CURA study which reported that

“some neighborhoods addressed the housing needs of low-income residents by dedicating resources to multi-family projects. Most multi-family housing buildings that received funds were in redirection neighborhoods. Of the 1252 units built or rehabilitated with the use of NRP funds, about half (605) were rented or sold below market rate and about a fifth (226) were designated for households below 30 percent of the metropolitan median.” (Nesse & Lukermann, 2006, pp 17-18).

It is also consistent with the findings of the 2000 Teamworks study which concluded of NRP Phase 1 funds that “more money was consistently allocated to neighborhoods with greater levels of poverty, higher percentages of substandard dwelling units, and higher concentrations of people of color and youth” (Berger, et al., p. 1).

A 2005 study by Elena Fagotto and Archon Fung again drew similar conclusions:

“Although through NRP resources were distributed to all Minneapolis’ neighborhoods, from the most deprived to the wealthiest, not all areas received equal amounts. Resource allocations systematically favored disadvantaged neighborhoods. They were allocated following a formula that included—among other factors- neighborhood size, poverty level and dwelling units’ conditions.” (Fagotto and Fung, 2005, p. 38).

It should raise questions, then, when CURA has come to the opposite conclusion, namely that CPP allocations were more equitable than NRP allocations demonstrating that institutional racism is inherent in NRP, especially when CURA has not provided any data or explained its methodology to explain how they came to this conclusion.

All of the data used in this analysis is publicly available, and should have been available to CURA, since they were working directly with City officials on preparing their reports. It is concerning that CURA did not use any of this data in their analysis, or did not choose to share it.

Although they reported at one meeting that they were aware of these studies, they did not share the conclusions of these studies or refute them. In one case, they misrepresented the conclusions of a study conducted by CURA itself in 2006 (see below).

This indicates that CURA was at the very least negligent in conducting their research. Either they did not exercise any independence from the City when carrying out their work, or they were biased in their selection and use of data. Either possibility is troubling, to say the least. The careless collection and use of data can create the appearance that CURA was cherry-picking data to support conclusions that they had already reached prior to conducting the study. This leads to reduced confidence in their study.

It is also disturbing that CURA publicly misrepresented the findings of a previous CURA study in a recent public meeting when they referenced the 2006 Nesse-Lukermann CURA study to say that those who received NRP loans had higher incomes. This statement by CURA is taken very much out of context, and is a very selective reading of that study.

Here are some statements from that study:

- "Recipients of single-family home improvement loans were mostly below the metropolitan median income." (p.9)
- "Given that the majority of loans went to households with incomes below the metropolitan median, it will not come as a surprise to know that most of the money went to house-holds with incomes below the metropolitan median." (p. 10)
- "In determining how to distribute all NRP funds among the neighborhoods, the City valued funding the neighborhoods that were the worst off (Goetz and Sidney 1997)." (p. 10)

- "In all the studied neighborhoods but three (Linden Hills, Fulton, and Windom, see Chart 3), the income of the median recipient was below the metropolitan median income." (p. 12)

The Nesse-Lukermann study further reported that:

"When recipients' incomes are compared to the median income within their own neighborhoods, instead of the metropolitan median income, we find that in protection and revitalization neighborhoods the income of the average recipient is at about the median income for that neighborhood. However, in redirection neighborhoods, the income of the average recipient is about 180 percent of the median income in that neighborhood. The median income in redirection neighborhoods is 45 percent of the metropolitan median income and therefore, even recipients that were 200 percent of the neighborhood median income were below the metropolitan median." (p. 13)

The study also notes that:

"Perhaps it should be expected that the average recipient was below median income since the median income of Minneapolis recipients is below the metropolitan median income. When compared to the neighborhood median income, the average resident appears to be at the median income for that neighborhood in all but redirection neighborhoods where the average recipient is well above the median income for the neighborhood. This may be because those who own homes have incomes significantly above the neighborhood median income." (P. 15).

However, it follows up to say:

"This is not to say that people in the low income bracket were forgotten in neighborhood priorities. Some neighborhoods addressed the housing needs of low-income residents by dedicating resources to multi-family projects. Most multi-family housing buildings that received funds were in redirection neighborhoods." (p. 17). This study was largely focused on loan programs through CEE and NNHS, which did not include large multi-family projects." (p. 17).

The Nesse-Lukermann study concluded:

"Of the \$27.4 million that we studied, \$19.8 million went to households with income below the metropolitan median. And, it should be noted, that this is only about 47 percent of all the single-family home improvement funds. If neighborhoods distributed their funds through the other vendors in the same way they distributed funds through CEE and NNHS, about \$42 million went to households with incomes below the metropolitan median income for home improvement over the last 15 years. Considering that almost all programs

required a private match for the amount loaned through NRP, these programs have had a significant impact on home improvement in Minneapolis." (p. 18)

This misrepresentation of the conclusions of a study CURA itself previously carried out again raises the specter that CURA is being very selective in their use of data in this process, and is ignoring previous studies and data that does not fit their narrative.

If CURA researchers did indeed read the study, they should have been aware that relying simply on home loan programs was not representative of all NRP housing activity. Appendix A provides a significant list of more than 130 contracts for NRP housing programs that were specifically targeted to communities of color, low-income communities, and special need communities (addiction, living with HIV/AIDS, seniors and disabilities as examples).

It should be noted that there is a significant gap in data for the years between the NHS data used in our analysis, and the CEE data used exclusively by CURA. And there were other vendors servicing NRP home loan programs during the 1990s and 2000s. Is there any reason to believe that neighborhood NRP housing programs in the 1990s might look more like the NHS data than the CEE data from the last few years of NRP? In the early 1990s, there were many vendors who were managing neighborhood NRP home loan and grant programs besides just CEE and NHS, including Greater Metropolitan Housing Corporation (GMHC), Southside Neighborhood Housing Services, Project for Pride in Living, Powderhorn Residents Group, and others.

More important than a wide variety of lenders was the fact that many of them during the 1990 and early 2000s had field offices which were easily accessible to the community.

Many of these vendors actually lost money on their NRP home loan programs. Because they perceived the NRP home loan funds as a major resource that would go a long way towards helping accomplish their mission, they actually subsidized neighborhood NRP programs with foundation money and fundraisers. Their funders most certainly did not fund these vendors to provide loans to white, affluent homeowners.

Much of this landscape started changing in the mid 2000s, as funders started turning their attention to other issues. As a result, vendors began closing their field offices (reducing accessibility) and discontinuing their NRP contracts. By the early 2010s, only two major players remained, CEE and GMHC, and by 2014 GMHC had decided to drop out of the loan business entirely, leaving CEE the only vendor.

As a result, there is little reason to believe that CURA's analysis, based on a limited data set from CEE after 2013, is representative of the vast majority of NRP loans carried out in earlier years.

It should be noted that a review of the CEE data shows that CURA failed to double check numbers, and there are errors in their data as a result. As an example, fully 31 of CEE demographic survey respondents self-reported their ethnicity as Hispanic.

However, these individuals also checked "White" as their race, or left the race checkbox unmarked. CURA counted these respondents as White, or did not count them at all. We corrected these numbers in Chart 10.

The City Council's May 2019 directive clearly and publicly ordered the process to be "resident-led" — even conducted at "the "Collaborate" level of engagement based on the International Association of Public Participation Spectrum."

We are concerned that CURA appears to have exercised little independence from the City Coordinator's office in the performance of their contract. They did not conduct a community engagement process in the spirit communicated by clear City Council direction. CURA also appears to exhibit a heavy bias in its use of data and analysis.

Did CURA seek out other data besides the CEE data? Other data was available, and it was not difficult to gather. It creates the appearance that CURA was satisfied with the CEE data because it reinforced a preconceived bias that the "the outcome of the work is racial inequity (institutional racism) largely driven by NRP allocations" and that "CPP was more equitable than NRP."

If CURA had followed a more collaborative and resident driven model, they may have heard about other studies of NRP, other sources of data, or other examples of neighborhood programs supportive of renters and low-income homeowners. This is in fact one of the reasons for collaboration.

However, CURA's model of community engagement is one that kept the community at no more than the "involve" level on the IAP2 spectrum. Given CURA's extremely poor modeling of community engagement practices in this case, the community may rightly ask whether this agency should be making any recommendations to the City on the future funding or guidelines design for neighborhood programs.

What does "Collaboration" mean?

The City's contract with CURA clearly states that "this work shall include community engagement with residents at the "Collaborate" level of engagement based on the International Association of Public Participation Spectrum."

Here is how IAP2 defines "Collaborate" in the Spectrum of Public Participation:

Public Participation Goal: To partner with the public in each aspect of the decision including the development of alternatives and the preferred solution.

Promise to the Public: We will look to you for advice and innovation in formulating solutions and incorporate your advice and recommendations into the decisions to the maximum extent possible. (IAP2).

However, this is difficult to grasp without understanding what is really meant by practitioners who actually have experience in this, or understanding the full context.

The levels of the spectrum just below and above “collaborate” are “involve” and “empower.” So how is “collaborate” different from, say, “involve?”

At the “Involve” level, the public is invited to participate, but merely to give input and to hear how their input helped inform decisions.

IAP2 practitioner Graeme Stuart (2017) states “the Collaborate level is about partnership and sharing power. The promise sets high expectations as it promises to incorporate advice and recommendations ‘to the maximum extent possible.’ It implies an interactive process with an emphasis on two-way processes.”

According to the EPA, “At the collaborate level, the public is directly engaged in decision-making. Collaborate often includes the explicit attempt to find consensus solutions.” (EPA, para. 9)

Another of the essential elements of “collaborate” that differentiates it from “involve” is the goal of building consensus. The public is involved at all levels, is involved in developing the process as well as developing the outcomes. And you cannot develop consensus on process or on outcomes unless you actually bring people together in a way that builds consensus.

Some IAP2 Practitioners state that collaboration is the most powerful level of the spectrum, even more so than “empowerment” level, because it is more focused on achieving consensus.

CURA also identified the problems with representation on neighborhood organization boards, particularly renters and people of color. Since we did not have access to data from any recent demographic surveys carried out by NCR, we did not conduct any analysis on this particular issue.

However, it should be noted that this is not an issue that is unique to neighborhood organization boards, but reflects a problem on a national level. BoardSource, a national organization that has been studying this problem for several years, states in their 2018⁷ report that “Boards are no more diverse than they were two years ago and current recruitment priorities indicate this is unlikely to change.” (Leading with Intent, downloaded 2020)

Chart 12, below, shows that, on average, as the percent of Black/African American residents increases, so does the diversity of the neighborhood. Compare this with Chart 13, which demonstrates the opposite to be true as the percent of White residents goes up:

Chart 12: Diversity index of neighborhood compared to percent of Black residents

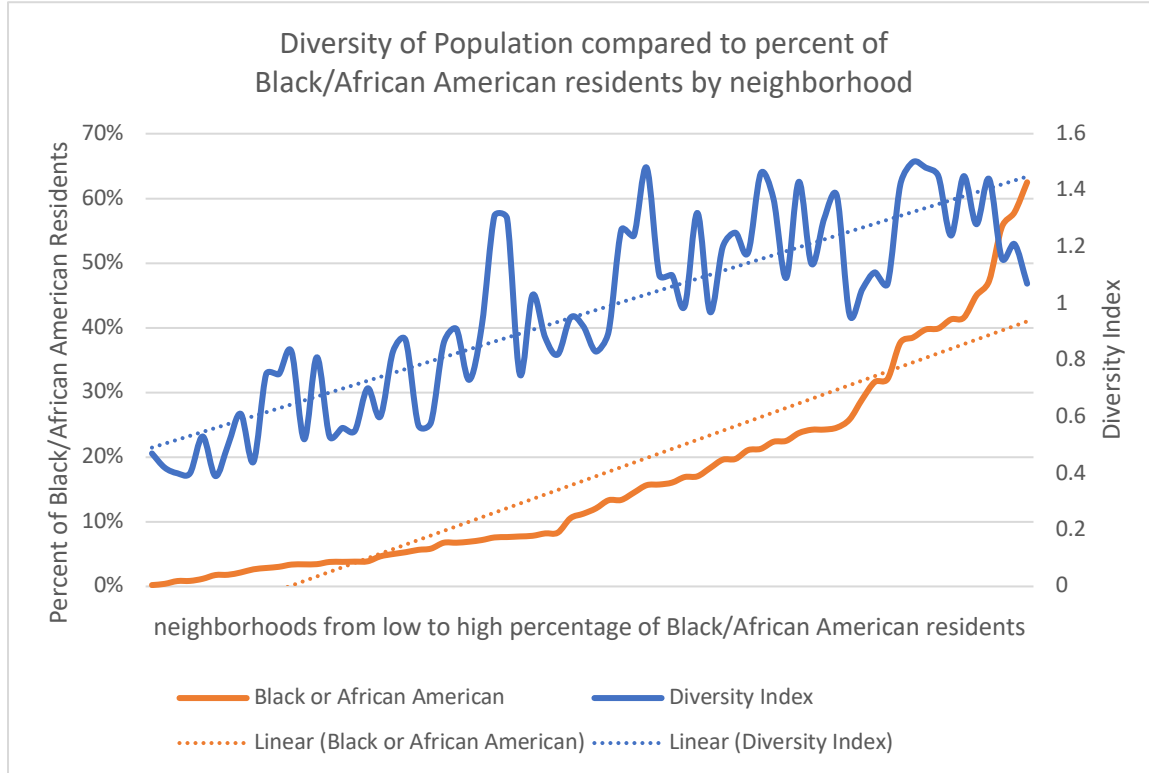
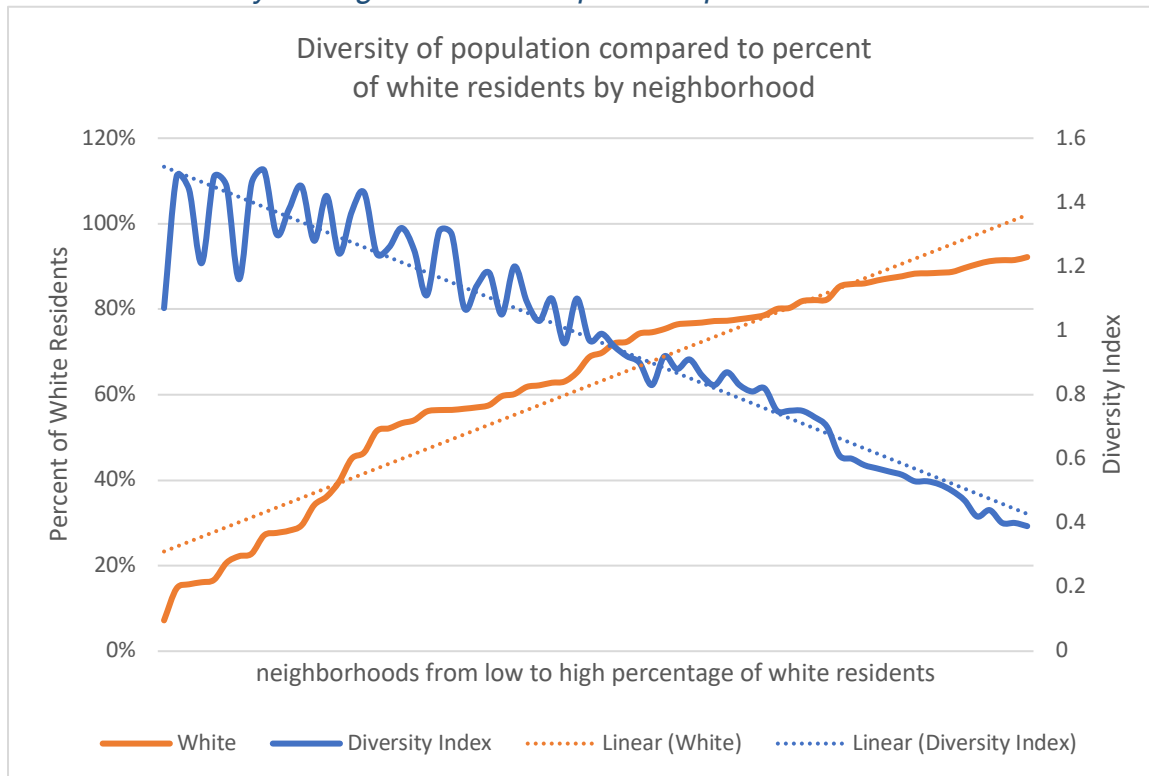


Chart 13: Diversity of neighborhood compared to percent of White residents



Requiring neighborhood organization boards to meet certain diversity quotas will have the consequence of placing a higher burden on neighborhood organization boards that do have mostly Black leadership on those boards than on boards representing neighborhoods that are mostly White. This is the exact opposite of equity.

Why the attack on the NRP Model?

While CURA does argue for additional funding for neighborhood organizations in those communities, achieving true equity requires more than just increased funding.

But why did CURA need to begin their process with an extensive attack on NRP?

CURA has said in no uncertain terms that CPP allocations were more equitable than NRP allocations, and this was a demonstration of institutional racism. But CURA has not provided any data or explained the methodology to demonstrate how they came to this conclusion. We believe we have demonstrated the actual data shows that there is no basis for CURA's claim, and that it is based more on institutional bias, rather than actual data.

The NRP model was founded on the idea of a true and empowering equity model. City leadership in the 1980s recognized that the city was in a state of crisis, and stated their intentions to engage residents, through neighborhood organizations, in a truly empowering, resident-driven process. The underlying assumption was that the community was a rich source of assets and skills that could be entrusted to make decisions for their community.

Kretzmann and McKnight (1993) contrasted this Asset Based Community Development model with the typical approach of government and foundations that perceive communities not as a collection of assets and skills, but as a collection of needs and problems (pp. 1-3), and it requires outside experts to fix because the community is unable to fix itself without outside intervention.

The language used by NCR over the last year, and by CURA most recently, reflects their deep-seated commitment to the deficit-based model of the community. Their language and treatment of participants in this process reflects their fundamental belief that the community is broken and dysfunctional, and they alone, as the sole experts, can fix it. The attack on NRP is not just an attack on the NRP itself, but an attack on the idea that the community can have a legitimate role in civic governance and participation.

The practices used by the City and CURA in the process since 2018 also speak volumes. The behavior they are modeling is not one of true collaboration, but rather of an expert-driven (rather than resident-led) process, with little more than community involvement. This demonstrates a fundamental mistrust of the community by two powerful bureaucratic institutions that have long histories of expert-driven practices.

The City Council publicly ordered a resident-led process based on Collaboration, and CURA violated that promise. This has created divisions in the community, broken trust, and likely will damage stakeholder relations for the City far into the future.

The impact of this cannot be understated,

Stuart (2017) notes that “because of the high level of participation, [Collaboration] is particularly useful for controversial issues and complex problems. There can be risks involved in processes at this level. If the promise is seen as being broken (e.g., if members of a community cannot agree of ways forward, or if some sections of the community feel their views were not taken into account), trust can be broken and future relationships with key stakeholders can be significantly damaged.”

The real strength of NRP was that it worked directly with neighborhood residents to design programs that met the needs of those communities. Most NRP programs were not off-the-shelf programs represented by the CEE home-loan programs CURA criticizes. While NRP was a complex program, that was precisely what was needed to provide programs designed by residents to meet the unique needs of their communities. This is precisely the definition of “equity.”

Is achieving equity simply a matter of providing more funding to neighborhood organizations? If those funds are tied to silencing critics of self-appointed experts at the City, than one must wonder if that really achieves equity.

Unfortunately, CURA has not provided any recommendations regarding what changes should be made at the City itself to better support true community engagement and empowerment of residents, particularly in lower-income and more diverse neighborhoods. CURA’s absolute silence on this issue also speaks volumes.

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