

Public Service, Activist Architecture or Social Justice?  
A Typology for University-Based Community Design Centers and  
Success Lessons from Different Models

by  
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## ABSTRACT

This dissertation examines the conditions that foster or hinder success of university-based community design centers (CDCs) in the United States. Little is known about the normative underpinnings of CDCs, how successful these centers have been, which factors have contributed to or impeded their success, and how they have responded to the changes in social, political, professional and economic contexts.

Adopting Giddens' theory of structuration as a research framework, this study examined CDCs via a mixed-methods sequential research design: a cross-sectional survey of CDCs on current definitions of success and metrics in use; and in-depth interviews to document the centers' histories of change or stasis, and how these changes influenced their successes. The findings of the first phase were utilized to develop a comprehensive success model for current CDCs that comprise measures related to organizational impacts, activities, and capacities.

In the multiple case study analysis, four major rationales were identified: universities for public service, pragmatist learning theories, civic professionalism, and social change. These four rationales were evident in all of the studied cases at varying degrees. Using the concept of permeability, the study also exemplified how the processes of CDCs had transformative impacts in institutional, societal, and personal contexts. Multidisciplinarity has also emerged as a theme for the current organizational transformations of CDCs.

The main argument that emerged from these findings is that it is not possible to identify a singular model or best practice for CDCs. The strengths and unique

potentials of CDCs depend on the alternative rationales, involved agencies, and their social, political and spatial contexts. However, capitalizing on the distinctive attributes of the institutional context (i.e. the university), I consider some possibilities for university-based CDCs with an interdisciplinary structure, pushing the professional, curricular, and institutional boundaries, and striving for systemic change and social justice.

In addition to contributing to the theoretical knowledge base, the findings provide useful information to various CDCs across the country, particularly today as they struggle with financial constraints while the community needs they provide are increasingly in demand. Since CDCs have a long history of community service and engagement, the findings can inform other university-community partnerships.

To my son, Ozan—the true center of my world.

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## INTRODUCTION

This study examines Community Design Centers (CDCs) as organizations where ‘socially-responsive design’ is practiced, taught and learned. Having their roots in the civil rights and anti-poverty movements of the 1960s, CDCs provide design, public education and advocacy services for underserved communities with the aim of supporting community development initiatives. Either in the form of university-based CDCs or as non-profit organizations, some of these centers are also places of professional education for architecture and planning students. Grounded on varying educational philosophies, these centers aim to influence the ways architecture and planning is taught and learned, in order to have an effect on how the professions will be practiced in the future. Little is known about how successful CDCs have been in terms of their design, advocacy and educational agendas, which factors have contributed to or impeded their success, and how they have responded to changing contexts to pursue their goals. There is also very limited information about how success has been defined and established within these centers, by whom, how that definition has changed over time, and how it may be defined differently whether internal to the organization or external.

### **Significance of the Study**

In addition to the limited and dated research on CDCs, this study is significant for the following reasons:

(1) Growing interest in the educational and community engagement potential of these centers: Institutions of higher education are increasingly asked and

encouraged to develop civic partnerships with their communities to play a role in their social, economic and physical developments. There is a growing and compelling literature on why and how universities are forming partnerships with communities, and the promises and challenges of such collaborations (e.g., Axelroth & Dubb, 2010; Brophy et al, 2009; Fleming, 1999; Gilderbloom & Mullins, 2005; Marullo & Edwards, 2000; Ostrander, 2004). Universities are sometimes provided governmental support, as in the case of HUD's *Community Outreach Partnership Centers program*, to work with communities and change the way these institutions relate to their neighbors (Cox, 2000). Recent CDCs are addressing the community partner role of universities by assisting communities in the form of physical improvements, as well as capacity building. They are also addressing the civic education agenda either in the form of developing civic responsibility through service learning opportunities for students involved in CDCs (Boyer & Mitgang, 1996) or approaches to the community design process as an opportunity for social change, as exemplified by critical pedagogues like Thomas Dutton (1991). Learning from CDCs is significant in helping direct the path of other university-community initiatives and partnerships. Of specific relevance to university-community engagement research community are the lessons learned from CDCs that have a long history of community service and engagement, in terms of: different organizational models employed by university-based CDCs for public interest practice, professional education, and scholarship; how they have grounded professional knowledge and education in real-world conditions; and strategies they have used to institutionalize and sustain engagement.

(2) The recent proliferation of CDCs, starting from the 1990s: Over half of the university-based community design programs which responded to the Association of Collegiate Schools of Architecture's (ACSA) survey (2000) were started in the 1990s. This can be interpreted as architecture schools' or faculty's revival of interest in public service and the pedagogical value of these centers after their decline in the 1980s. Since the CDCs founded after the 1990s have been operating within different socio-economic, political, environmental and institutional contexts compared to the earlier CDCs started in 1960s, 1970s or 1980s, it is significant to uncover the rationales and the factors influential in their founding and operation, and explore the similarities and differences between the past and recent centers.

(3) Evidence showing the difficulties of surviving and remaining active under changing social, economic and political conditions: As demonstrated by Schuman (2000), the number of CDCs ranged between 60 and 80 in the directories produced by AIA in the 1970s. Of the 74 centers documented in 1971, only six remain active today. Among the 80 centers listed during the next six years (from 1971 to 1978), only 12 survive today (Schuman, 2000, pp. 51-52). This study examines the conditions that influence the success (or demise) of these organizations. In that sense, it reveals the factors that cause CDCs to go defunct as well as the organizational strategies adopted by certain centers to survive and remain functional.

## **Aims and Objectives**

This research aims to contribute to the knowledge base on CDCs by exploring:

- (1) the normative underpinnings and underlying rationales for initiating and operating university-based CDCs
- (2) their organizational success definitions and metrics in use
- (3) whether and how the definitions of success in CDCs overlap with or differ from the understandings of success in other nonprofit organizations
- (4) whether and how the definitions of success change in relation to an organization's lifecycle, internal and external factors
- (5) whether, how and why organizations have changed over time to satisfy their "success" criteria
- (6) conflicts, lessons learnt and useful strategies applied during organizational change
- (7) the applicability of Giddens' structuration framework to explaining the organizational transformations of CDCs.

In order to narrow the scope of the study and control for different types of CDCs, this research will focus on university-affiliated CDCs. Since most of these CDCs have or at some point in their organizational life-cycle had a formal educational component, this focus allows for exploration of organizational success and change not only for their public service agenda (design and advocacy), but also for their educational goals and actions.

This study has a two-phased mixed-methods research design to better respond to the exploratory and explanatory nature of the research questions: a cross-

sectional survey of recent and past CDCs, followed by detailed case studies of selected organizations as portrayed by current directors. The limited literature on CDCs as organizations required an initial exploratory stage to understand what success means for these centers. The findings of the survey provided a general picture of success definitions as a foundation for the second phase that was conducted after first phase data was collected and analyzed. The survey outcomes are used to construct a detailed model of success definitions for current CDCs. Even though an existing model is not used to judge whether a CDC is successful or not, a particular performance assessment model developed by Sawhill and Williamson (2001) was chosen for its comprehensiveness of success measures listed in the nonprofit organization literature, and for its applicability to the CDC context. It was used as a reference point for developing the data collection instrument. This model defines success at three levels: impact, activity and capacity. Impact level refers to the community outcome and to making progress toward fulfilling organization's mission and meeting its goals (Sawhill & Williamson, 2001, 372)—i.e. the goal-attainment approach. Activity level is defined as the program outcome and expressed in the question of whether the organizations' activities achieve the programmatic objectives and implement the strategies. Success in capacity level is defined as whether the organization has the resources—the capacity—to achieve its goals (Sawhill & Williamson, 2001, p. 372).

The findings of the survey revealed a wide breadth of success definitions among CDCs, not significantly related to any particular organizational factor. These findings necessitated augmenting the second phase to further inquire about success

areas of CDCs to verify, clarify and elaborate the findings of the first phase, in addition to examining how and why CDCs changed (or failed to change) due to internal and external factors, and how those changes impacted the organizational success. This approach is parallel to the ‘structuration framework’ adopted in this study where time- and context-bound organizations are considered in continuous transformations with respect to macro and micro factors (Giddens, 1984).

Within this framework, the second phase involved a comparative case study of seven centers to examine: (1) the normative underpinnings and rationales for CDCs, (2) CDCs’ success areas and how these areas relate to institutional, organizational, and human-agency related factors, and (3) how the organizational structure and human agents influenced organizational changes, and what kind of impacts these changes had on CDCs’ success.

Based on the interviews, survey responses and document analysis, the findings of this study firstly discuss how normative underpinnings and rationales of CDCs vary and change in emphasis with respect to university’s mission and goals, faculty’s level of commitment and expertise, physical and social circumstances of the institution. By using a theory of permeability, I then present the different modes of successes achieved by CDCs by demonstrating the extent CDC processes and outcomes resulted in changes in the institutional, societal, professional, and personal membranes. The organizational changes section discusses how CDCs’ structuration processes (i.e. the incremental or substantial changes enacted by CDC members that were or were not institutionalized) differ with respect to the organizational models adopted by the centers.

In the light of these findings, I then propose an organizational typology, composed of CDCs for university outreach, CDCs for public-interest architecture and CDCs for social change. This typology is useful to demonstrate the similarities and differences among these organizations in terms of their values, scope of work, primary success areas, strengths, weaknesses and the contexts in which these models (or certain attributes of them) can be most appropriate. The lessons learned from their organizational histories are also presented separately for each type.

The main argument that emerges from these findings is that it is not possible to identify a singular model or best practice for CDCs. The strengths and unique potentials of CDCs depend on the alternative rationales, involved agencies, and their social, political and spatial contexts. However, I argue that, capitalizing on the distinctive attributes of the institutional context (i.e. the university), it is possible to identify certain organizational attributes and argue for particular impact areas that would better serve the community-based and pedagogical goals of CDCs. At the end of this dissertation, I consider some possibilities for university-based CDCs with an interdisciplinary structure, pushing the professional, curricular, and institutional boundaries, striving for systemic change and social justice.

### **Outline of the Following Chapters**

The second chapter reviews the literature on CDCs. The chapter begins with definition, history and types of CDCs. A critical analysis of the existing research underscored the evolving nature and changing values of CDCs, with limited information on the recent trends, factors fostering organizational success (and

demise) of these particular university-community models, and their primary success areas.

The third chapter introduces the structuration theory by Giddens (1984) and impact-activity-capacity model by Sawhill and Williamson (2001) as the theoretical frameworks adopted from the organization literature to examine the success and changes of CDCs. It justifies the reasons for such selections by demonstrating the applicability of these theories to the CDC model and the exploratory nature of this research.

The fourth chapter is the discussion of the underlying philosophical assumptions and methodological choices made in the conduct of this study. This is followed by the fifth chapter presenting the analysis of the survey responses and the comprehensive success model developed from the survey findings.

The sixth chapter provides brief descriptions of the seven case studies explored in the second phase of the research. The second phase findings are presented in the seventh chapter, where the normative underpinnings, CDCs' varying modes of success, and factors influential in the organizational changes are discussed. This chapter also introduced the typology developed from these examined cases.

The final chapter is a synthesis of the findings. It elaborates on why, how and under which conditions CDCs can foster and sustain true community engagement models within: (a) public service, (b) civic education, and (c) professional relevancy frameworks. Then, it underscores some lessons learned from the studied cases that could be useful to other CDCs and university-community partnership initiatives. The

dissertation concludes with my own reflections on this research journey and identifying future routes for inquiry.

## REVIEW OF LITERATURE

“Community design occurs when all voices, not just the loudest, are integrated into the physical resolution of a space, and when each accepts the resolution with full understanding of the choices made” (Roberts, 2008, p. 80). ‘Community design’ is a term that is used interchangeably with and inclusive of community planning, community architecture, social architecture, community development, and community participation. It is grounded on the belief that there are better ways to design, by involving people in the design process of shaping the built environment (Sanoff, 2000; Toker, 2007; Wates & Knewitt, 1987). Even though there is no single definition of community design, studies have shown that community designers share some values and principles in certain contexts (Hester, 1990; Toker, 2007). Primarily, community design is a movement promoting a broad understanding of social and environmental justice by involving people in the process of shaping and managing their environment. Community design is a response to the realization that design and management of the physical environment is a factor contributing to the problems faced in urban environments, and that design professions, including architecture, planning and landscape architecture can and should be a part of the solution as they are a part of the problem. With that realization, community designers are committed to developing comprehensive solutions for and with the communities they are engaged with. Community design brings an understanding that buildings cannot be separated from their political and social contexts, and members of the community should be involved in all levels of

the decision-making process. Accordingly, community design centers are the sites of operation for the designers—primarily including architects and planners—who have objectives of providing their professional assistance in the service of communities who demand them. Their client profile generally encompasses “organizers, neighborhood planning groups, individual low-income clients, community service committees, and nonprofit boards of directors” (Sanoff, 2000, p. 5), with their services ranging from providing design assistance to lower income communities that have limited resources, to advocacy and educational activities (Blake, 2003; Dean, 1976).

### **History of Community Design and CDCs**

The roots of the ‘community design’ concept can be traced back to the political activism era of the 1960s. As discussed extensively in the existing literature, the civil rights movement of the 1960s, urban renewal practices, decay of cities, the rise of women’s liberation, the anti-war movement, the challenges of alternative cultures, disappointment with the modernist approach, and the advocacy planning model of Davidoff (1965) were among the most significant factors that led to the search of an alternative professional direction among architects (for example, Sanoff, 2000; Comerio, 1984; Nordhaus, 2001; Francis, 1983; & Toker, 2007). Davidoff’s (1965) call for planners to become advocates of participatory democracy, defending the rights of all groups in society in order to solve economic and racial problems was the starting point of a new agenda for designers, still rooted in the progressive ideals of modern movement, but with a realization of the failure of top-down, rational and

prescriptive approaches as a way to reach these ideals. Davidoff opposed the understanding of planner as a rational technician, and called for a value-based practice focusing on interests of the disenfranchised sections of the society:

The right course of action is always a matter of choice, never of fact. Planners should engage in the political process as advocates of the interests of government and other groups. ... Appropriate planning action cannot be prescribed from a position of value neutrality, for prescriptions are based on desired objectives. ... Moreover, planners should be able to engage in the political process as advocates of the interests both of government and of such other groups, organizations, or individuals who are concerned with proposing policies for the future development of the community. (Davidoff, 1965, pp. 331-332)

Along with Davidoff's questioning the professional's roles, civil rights leader Whitney M. Young Jr.'s speech in the 100<sup>th</sup> Convention of the American Institute of Architects in Portland, Oregon in 1968 was underscored as another major factor influencing the emergence and rise of CDCs (Curry, 2004; Nordhaus, 2001). Rex Curry (2004) states the idea of "community design center" emerged as designers' response to the speech given by Young in the 1968 convention, where he emphasized the responsibility and ignorance of the profession in addressing social and physical problems of cities:

You are not a profession that has distinguished itself by your social and civic contributions to the cause of civil rights, and I am sure this does not come to you as any shock. ... You are most distinguished by your thunderous silence and your complete irrelevance. ... You are employers, you are key people in the planning of cities today. You share the responsibility for the mess we are in—in terms of the white noose around the central city. We didn't just suddenly get this situation. It was carefully planned. (qtd. in Nordhaus, 2001, p.403)

A few centers were already operating when Young spoke before the architects. The first CDC, the Architectural Renewal Committee in Harlem (ARCH),

was founded in 1964, and known for the “pioneering implementations of the advocacy approach” such as fighting a proposal of freeway passing through Manhattan (Sanoff, 2000). The 1970s witnessed the proliferation of CDCs following Young’s speech. “Studies and profiles produced between 1970 and 1977 documented between fifty to eighty CDCs in the U.S.” followed by the establishment of an association of community design directors in 1978, which later became the Association of Community Design (ACD) (Cary, 2000; as also cited in Blake, 2003; Schuman, 2006; Nordhaus, 2001).

However, CDCs could not continue their rise, and the number of active CDCs fell radically in the 1980s. By 1987, sixteen CDCs, only 12 of which were established in the 1960s, remained active (Cary, 2000). The reasons for this decline can be traced to multiple factors, probably the most significant of which is the conservative funding policies followed by the 1980s government in contrast to the governmental support for advocacy programs in the 1960s. Ward (1996) associates the closing down of numerous CDCs in America with the reduction of funding for community projects, pointing out the fact that among the 56 CDCs listed in Hatch’s *Scope of Social Architecture* (1984), only Pratt Institute Center for Community and Environmental Development (PICCED) managed to survive in that era with any vitality. This decline was also accompanied by a significant shift in the character of the surviving centers starting from late 1970s. CDCs of the 1980s were characterized by their less political, but more focused agenda of community design, emphasis on concrete results—regardless of how small they are—rather than process, and their less academic, more social service foci.

The 1990s have been the revival era of the CDCs. The ACSA survey documented 46 school-based and 24 independent CDCs affiliated with ACD, and half of the university based CDCs were founded in the 1990s, providing clear evidence of a rise in the interest (Cary, 2000). Blake (2003) argues that this surge is in part due to the changes in government and foundation funding, and the recognition of the educational value of CDCs for architecture schools. Another possible explanation is that the students of the 1960s and 1970s CDCs were in academic leadership roles by the 1990s and pioneering community design initiatives within the programs they were involved in.

### **Types of CDCs**

Dorgan (2006) lists the six different types of services provided by these CDCs as education; research; project initiation (i.e. working with community to identify local needs, and then addressing those needs by creating the needed program or building the identified project); project design; policy and planning; and design-build. CDCs may operate locally or regionally, in urban or rural settings, may have specialized on specific building projects, or advocacy issues. However, no clear-cut differentiation is made between CDCs according to the types of services they provide. They provide a combination of different services at varying scales and may adapt these offered services over time according to the availability of funding, community demand, faculty commitment, or other factors.

One way of differentiating CDCs is according to the organizational models they adopt. This way of differentiation has been utilized by others, such as in the

studies by Sanoff (2000), Nordhaus (2001), and Blake (2003). According to organizational structure, the four types of CDCs are *non-profit CDCs*, *volunteer organizations*, *for-profit community design firms*, and *university-affiliated CDCs*.

- *Non-profit CDCs* are organizations with professional staff. They offer a variety of services ranging from planning and development, educational programs to full architectural services.
- *Volunteer organizations* usually act as “resource centers that link professional service providers and community-based organizations, or coordinate activities of various professionals who volunteer their services to nonprofit community projects,” are generally sponsored by local professional chapters, and provide training and guidance to volunteer practitioners (Blake, 2003, p. 4.11-6; Nordhaus, 2001).
- *For-profit community design firms* provide full architectural services to community groups and non-profit community development corporations, charging professional fees (Nordhaus, 2001, p.406).
- *University-affiliated CDCs* can be either in the form of university-based service and research institutes or university-sponsored community design studios. University-based institutes usually have permanent faculty and staff engaged in community design in the form of contract work. They may be supported from other sources, such as public agencies or foundations in addition to university sponsorship. They might have evolved out of an individual person’s initiative or can be university-wide initiatives (Blake, 2003). They are mostly associated with research and publication by documenting their work, such as Sanoff (2000) in

contributing to the development of theory and practice in the field. Community design studios are staffed by faculty and students, and their work is usually limited to the duration of the semester. They can provide planning or front-end design, or sometimes carry the projects through construction by design-build studios.

### **Review of literature on CDCs**

In reviewing the existing literature on the normative underpinnings of community design and CDCs (Comerio, 1984; Dean, 1976; Francis, 1983; Shirvani, 1985), one of the most significant things that surfaced is their evolving nature. Even though many studies compare the political activist era of the 1960s and 1970s with the less political times of the 1980s, they provide evidence of the changes in the political and philosophical underpinnings of CDCs which have also influenced the type, nature and scope of their work. These studies demonstrate how idealist community designers who adopted social activist/advocate roles for emancipation of communities in the 1960s were replaced by or evolved into ones which act as facilitators in the participatory design processes with a more pragmatist worldview (Comerio, 1984; Dean, 1976; Francis, 1983; Shirvani, 1985). However, most of these studies are dated, which can be partially explained by the decline and loss of interest in CDCs and CDC research after the seventies and eighties.

On the other hand, when we look at the studies on CDCs of the 1990s and 2000s, a general trend is not identified consistently as it has been done in the studies comparing the idealist/activist CDCs of the 1960s/1970s with the pragmatist/

entrepreneurial CDCs of the 1980s. This can partly be explained by the lack of CDC research from this era, but it can also be an indication of impossibility to group the newly emerging and evolving CDCs of the 1990s and 2000s in a single dominant political/philosophical category. Two of the most current studies present differing perspectives. Nordhaus (2001) states that, in the current CDCs, there is a search for a balance between the two primary stances—idealist versus pragmatist community design approaches, with the realization that “neither approach is sufficient to improve the conditions of distressed communities and effect social change” (p. 404). And the poverty focus of former CDCs is broadened to include issues of environmental justice, multiculturalism and gender (Nordhaus, 2001, p. 404).

On the other hand, Toker and Toker (2006) claim that today is a continuation of the pragmatist trend in community design which started in the 1980s, and the shift from the ideological base of the 1960s toward the pragmatist base of the 1980s continues today as well. I believe the statements of both studies are inadequate due to the limited research evidence the authors provide to support their claims. Richard Nordhaus, a community designer involved in CDCs starting from 1960s till 2000s, grounded his claims on his own experiences and observations, rather than systematic research findings. Toker and Toker’s (2006) pronouncements were based on a self-administered survey conducted by one of the authors among a limited list of community designers. The initial list had 114 community design practitioners compiled from books, directories and websites. Toker (2007) chose to contact with the ones whose email addresses or fax numbers were available, i.e. 79 of 114 practitioners. Out of this list, only 15 people responded to the questionnaire.

The study pronounced that new trends are emerging within the field of community design parallel to the new “fashions” in city planning and architecture—i.e. sustainability and new urbanism. Kathy Dorgan, an active community designer and former president of ACD, also indicated the limitations of Toker’s study in terms of exclusion of several people who were active at the time of research and how participants were contacted.<sup>1</sup> Under these circumstances, it is not possible to recognize the assertions of both studies as conclusive.

Another indication of the changing nature of community design is the comparison of the empirical studies by Hester (1990) and Toker (2007). Both studies tried to understand which design goals and values were adopted by community designers and their ranking. Hester’s study, published in 1990, was based on a survey of about 50 community design practitioners in 1984. Hester (1990) did not provide any information about the sampling criteria or how the survey has been conducted. Toker’s study depends on the questionnaire responses of 15 community design practitioners active at the time of study<sup>2</sup>. While respondents of Hester’s survey prioritized “empowering the powerless” and “improving the environments of the poor” (1990, p. 54), participants of the latter study emphasized “participation” the most, where “empowerment” was listed as fourth (Toker, 2007). Additionally, the entry of the term “sustainability” as a major characteristic of community design, and the references of survey respondents to proponents of new urbanism as the key

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<sup>1</sup> Personal email (June 25, 2008).

<sup>2</sup> In the study, Toker (2007) did not specify the timeframe she collected the data. Since Toker and Toker (2006) also referred to the findings of this study, the survey might have been conducted in 2006 or before.

leaders of community design supports the author's argument that the definition and priorities of community design may be shifting.

Differing from the above mentioned studies, one major approach taken within the area of CDC research is the exploration of individual CDCs at various levels. The CDC projects compiled by Hatch (1984), Bell (2004), Palleroni and Merkelbach (2004) and Architecture for Humanity (2006) are all examples of community design work by different types of CDCs. These studies usually include sharing the experiences of participatory design processes, the end design product and examination of educational agenda of community design programs. They can be limited to a single project undertaken by the center, or comprise a variety of projects by the same center that discuss the type and process of work they are doing. They are significant for sharing what they have learned from their own design and educational initiatives in specific times and locations to inform future community designers. However, they are mostly concentrating on what and how they design, teach and research, rather than what they are and how they became to be the way they are; limiting the actual knowledge we have about the CDCs themselves.

The two recent studies that are significant for CDCs are by Pearson and Robbins (2002), and Murphy (2010). Pearson and Murphy profiles nine university-community design partnerships and document the work they have been doing. The study argues for the integration of community design into design curricula and suggests the completion of built projects and financial self sufficiency as a possibility to support this vision (Pearson & Robbins, 2002, pp. 7-8). The study is very useful for compiling and documenting CDCs of various kinds and providing information

on their organizational structures and sources of support. A very recent master's project by Murphy (2010) surveyed current university-based and non-profit CDCs, with the aim of providing organizational advice to current design centers. Murphy (2010) uses three success criteria for CDCs: longevity, number of projects completed and organizational size (p. 3), and develops a categorization for the 15 centers that responded to her survey. Even though the study is limited in terms of the responses and its theoretical base, it is important for showing the breadth of the organizational characteristics CDCs have and providing organizational suggestions for her success criteria, such as being specific in organization's goals, having a business plan, determining staff needs, and fostering long-term community relationships (Murphy, 2010, pp. 26-30).

As a result, there is only a small handful of studies on the current CDCs, with very few adopting systematic research approaches. On the other hand, the increase in the number of newly founded CDCs is an indication of an upsurge in interest: "Over half the university-programs responding to the ACSA survey were started in the 1990s ... Only five programs can trace their origins back to the 1960s and an equal number to the 1970s," also demonstrating how hard it is to sustain a CDC (Schuman, 2000, p. iv). With that many centers, it is important to know how to survive, remain active and be successful. One way of learning is to compare the ones which remained active since 1960s with the ones who failed to survive or managed to survive, but with no prominent community design activity; as well as comparing the ones which have been successful during their active years with the unsuccessful CDCs. Rex Curry (2000) also suggests looking at the successful "tenured" CDCs, i.e.

the ones which remained viable over the last twenty years, indicating that Association of Community Design is receiving requests from people who intend to start CDCs (pp. 53-55). A comparative in-depth analysis of these centers may shed light to future CDCs in many valuable ways. Instead of just exploring what they are today, exploration of the whys will help understand which factors and their combinations made them successful and strong. By means of multi-level analyses of selected cases, it will be possible to trace how they evolve to adapt the changing contexts, and how this influences the way they practice, teach and research community design. The lessons we learn from the past may inform current and future CDCs in the ways they structure their organizations, set networks with their communities as well as the institutions they are within, generate and allocate their resources, and shape their organizations to reach their community design goals.

On the other hand, university-community partnerships and the role of the university as urban developer has become a vital area of research given the changing nature of university's relationships to the cities in which they live in. The initiatives such as the City, Land, and The University Program of Lincoln Institute, conferences like University as Civic Partner (2008), and the increase in the number of publications inquiring about the best practices of such partnerships—for example, Armonk & Sharpe, 2005; Axelroth & Dubb, 2010; Chau, Vinekar & Ran, 2006; HUD, 1999; Pearson & Robbins, 2002 to name a few—are indications of the need for better understanding of how it is best done. As exemplified in ASU's commitment to 'social embeddedness' (Fern Tiger Associates, 2006), such initiatives involve community capacity building, teaching and learning, social and economic

development, and research agendas. Given that CDCs reflect these goals and have a history of community engagement for betterment of urban areas, what we learn from CDC research might inform other university-community initiatives as well.

## **THEORETICAL FRAMEWORKS**

This chapter introduces the theoretical frameworks adopted to explore the research questions of concern. This study examines both organizational successes and organizational transformations in CDCs. Consequently, I explored the available theories in two organizational research literatures: organizational change and non-profit organizational success. The two sections below introduce and justify the selections of the structuration theory of Giddens (1984) and the impact-activity-capacity performance measure model by Sawhill and Williamson (2001) as the two theoretical frameworks according to which the research questions are structured, and data collection instruments are devised.

### **Organizational change**

This study adopts Giddens' theory of structuration as a general research framework (Giddens, 1984). The theory of structuration brings an understanding of organizations as dynamic systems that are continuously generated and regenerated as a result of the interactions and interdependence at interpersonal, institutional and societal levels. Before a more comprehensive description of this theory and its constructs, it is useful to briefly look at the other theories utilized in organizational change research to be able to justify the selection of Giddens' framework.

The two main theoretical perspectives in organizational research according to organizations' types of interactions with the external systems (i.e. the relations of organizations with their environments) are the closed system and open system approaches (Hasenfeld, 1992; Scott, 2004). Studies approaching organizations as closed systems examine organizations as independent social systems with their own

regularities; and focus on “actors (workers, work groups, managers) and processes (motivation, cohesion, control) within organizations” (Scott, 2004, p. 5). After the 1960s, with the adoption of open system approaches, studies started to recognize the influences of the larger environment—i.e. technical environment, resources, influences of other organizations, cultural and political influences—on organizational structure and processes.

The open systems approach currently dominates the organizational literature. Several theoretical frameworks explore the influence of macro (environmental) factors on organizations. The open systems research traditions can be grouped under three categories (Haveman, 2000; Scott, 2004): (a) population-ecology, (b) institutional theories, and (c) resource dependence and network theories. Population-ecology theories are referred to as “selection theories” (Barnett & Carroll, 1995). This approach (e.g. Hannan & Freeman, 1977) puts emphasis on populations of organizations and examine organizational change as “replacement of one type of organization with another” (Scott, 2004). This approach entails a view of organizations more as ‘static,’ and assumes organizations cannot change easily and quickly in response to changes in technologies and environment, and thus fail and are replaced by others.

The other two research traditions are referred to as “adaptation theories” (Barnett & Carroll, 1995), and assume that organizational change occurs by adaptation of individual organizations to environmental factors. Institutional theorists (e.g. Meyer & Rowan, 1977; DiMaggio & Powell, 1983) study the impact of nonmaterial factors on organizational goals, structures, practices, functioning, and

survival (Haveman, 2000) and stress the cultural features of environments, i.e. the “institutional” environment comprising regulative, normative, and cultural-cognitive features that define “social fitness” (Scott, 2004, p. 7).

In contrast to the cultural emphasis of institutionalists, the third category deals with the impacts of technical environment, and “focus on how ties to competitor, customer, and supplier organizations affect organizational structures, actions, and economic performance” (Haveman, 2000, p. 479). The following frameworks are considered to fall into this category:

- i. Contingency theory views organizations as a function of their technical environments, and pronounces that organizations with best adaptation to their specific technical environments perform best (e.g. Lawrence & Lorsch, 1967).
- ii. Resource dependence theory conceives environments as political and economic systems. In this approach, organizations are assumed to work for controlling the limited resources available in the environment and minimize their dependence on other organizations, and at the same time, increasing the dependence of other organizations on themselves. The exchanges between organizations in terms of resources will determine power relations among organizations (e.g. Pfeffer & Salanick, 1978).
- iii. Network theory examines relations of organizations with each other, and conceives that an organization’s location in a network of relations affects its behavior and outcomes (e.g. White et al, 1976).

The above-mentioned three theoretical categories (population-ecology, institutional theories, and resource dependence and network theories) examine organizational change at structural (macro) level. On the other hand, Haveman (2000) also mentions another line of research examining organizations at internal (micro) levels: “The other three research areas focus on the fate of individuals within organizations: research on human and social capital, on organizational demography, and on organization-centered social mobility. ... [T]hey concern the intimate links between organizations and the people that constitute them” (p. 476). The human and social capital studies focus on resources from individuals (intelligence, skills, training, etc.) (e.g. Mincer, 1994; cited in Haveman, 2000) and relations with others (e.g. Portes, 1998; Lin, 1999; cited in Haveman, 2000). Organizational demography research considers the impact of factors, such as gender, race, length of service; and social mobility; and status attainment studies demonstrate how social, psychological, and economic outcomes shape for individual employees (Haveman, 2000). Figure 1 presents a summary of how organizational change is examined within the literature along with the primary sources this categorization was derived.

Among the theoretical perspectives presented above, the population-ecology framework is not appropriate for this study for two reasons: (1) its view of organizations as ‘stable’ and emphasis on the change in populations rather than the transformations within organizations and dynamics influential in these processes; and (2) not allowing the inclusion of (intra- and inter-personal and physical, and time-bound) contextual dynamics in the analyses. The other macro-scale theories view organizations as changing systems; however, they do not incorporate the human

agency dimension to their models. On the other hand, theories associated with interpretive traditions study organizations as systems constructed at symbolic and social levels. The weakness of these approaches is the underestimation of the role of structure operating at several levels in the process of organizational structuring.

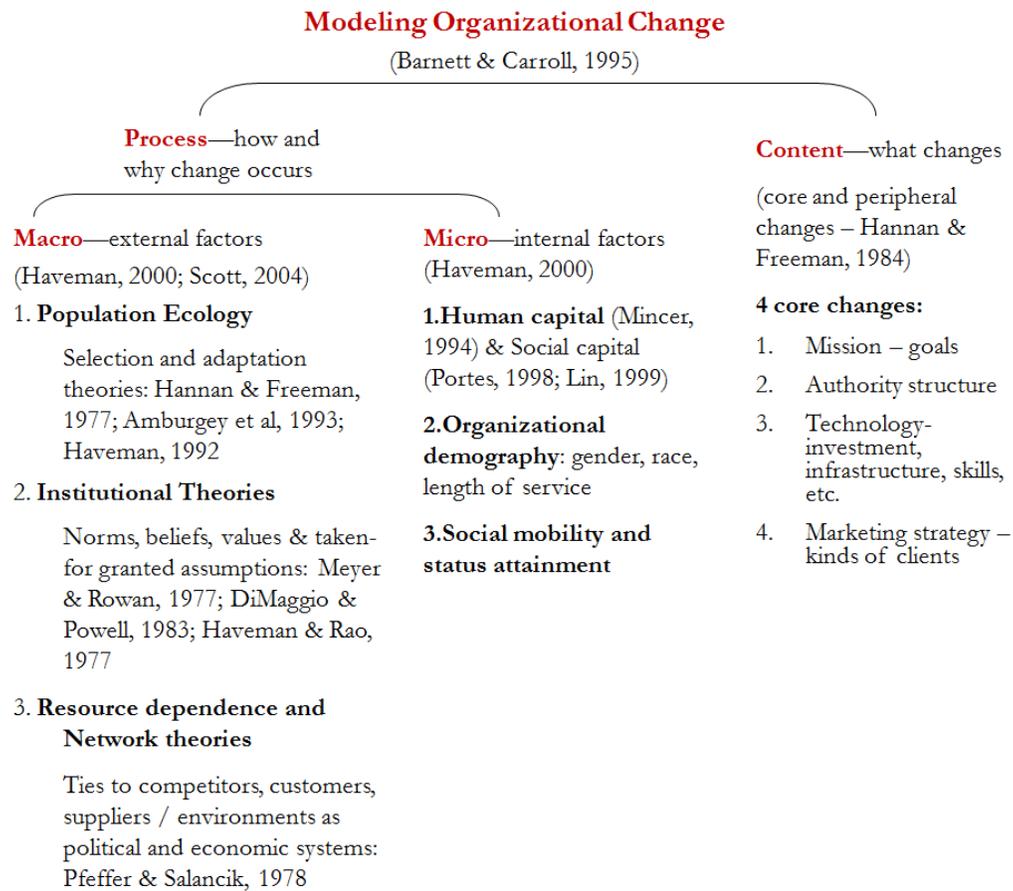


Figure 1. Modeling organizational change.

**Giddens’ theory of structuration.** Within this context, theory of structuration emerges as a framework that allows for examination of structural influences and human agency as continuously and interdependently shaping and

transforming organizational systems. By using this theory, the influence of both macro and micro factors on organizational change can be explored together.

Giddens' formulation of a synthetic framework ... can be used to describe and research the dynamic processes by which organisations (as a kind of durable social institution), are constituted across time and space through knowledgeable human agency. The many elements brought together in the theory can be used to develop a rich picture of institutional dynamics and importantly, the relationships between the intersecting values, behaviours, and use of resources in different sorts of organizations. (Stillman, 2006, p. 112)

According to this theory, organizations are viewed as social systems “generated in and through social praxis, where social praxis is defined to include the nature, conditions, and consequences of historically and spatio-temporally situated activities and interactions produced through the agency of social actors” (Cohen, 1989, p. 2). Structuration is the production and reproduction of social systems where structures—made up of rules and resources—are both the medium and the outcome of the social praxis (Giddens, 1984). In the structuration theory, structures shape social systems, but it is the ‘knowledgeable human agents’ who enact these structures.

Structuration is a meta-theory whose principal goal is to connect human action with structural explanation in social analysis (Riley, 1983, p. 415). Structure, according to Giddens (1984), is a process rather than a steady state, which consists of mutually sustaining *rules* and *resources*. Rules refer to “the informal and not always conscious schemas, metaphors, or assumptions” existing at multiple levels and resources are “anything that can serve as a source of power in social interactions”

(Sewell, 1992, pp. 8-9). Resources are categorized as authoritative (human) and allocative (nonhuman) resources:

Allocative resources refer to capabilities – or, more accurately, to forms of transformative capacity – generating command over objects, goods or material phenomena. Authoritative resources refer to types of transformative capacity generating command over persons or actors. (Giddens, 1984, p. 33)

Resources existing in ‘time-space’ are observable characteristics and can be used to transform power relations: “Nonhuman resources are objects, animate or inanimate, naturally occurring or manufactured, ...; human resources are physical strength, dexterity, knowledge, and emotional commitments that can be used to enhance or maintain power, including knowledge of the means of gaining, retaining, controlling, and propagating either human or nonhuman resources” (Sewell, 1992, p. 9).

According to Giddens, structures made up of rules and resources are reproduced by social action. This implies the concept of knowledgeable human agency—at individual and societal levels—capable to transforming social relations. In that sense, humans are creators and transformers of structures, thus have the power to shape and reshape social systems. Sewell (1992) discusses how agency is exercised differently in terms of kind and extent by different persons:

What kinds of desires people can have, what intentions they can form, and what sorts of creative transpositions they can carry out vary dramatically from one social world to another depending on the nature of the particular structures that inform those social worlds. ... Agency also differs in extent, both between and within societies. Occupancy of different social positions—as defined, for example, by gender, wealth, social prestige, class, ethnicity, occupation, generation, sexual preference, or education—gives people knowledge of different schemas and access to different kinds and amounts of resources and hence different possibilities for transformative action. (pp. 20-21)

As stated by Riley (1983), a central concern of structuration theory is “the identification of the conditions that govern the continuity- or transformation -of structures, and thus the reproduction of systems” (p. 416). Thus, a structurationist framework adopted in this study may take CDCs as time- and space-bound organizations and reveal the processes of transformations they went through as an outcome of the continuously reshaped interdependences among macro- and micro-attributes of these organizations. Such an analysis might reveal which interrelated factors transformed CDCs and how those influenced their successes or failures. So far theory of structuration has been used in several organizational studies to analyze the influences of various organizational factors. For example, Stillman (2006) used Giddens’ framework to study the impact of information and communication technologies in community-based organizations. Similarly, Barley (1986) explored how use of technology (CT scanners) might alter organizational structures (in Radiology Departments). The theory was utilized by Riley (1983) to inquire about political symbols in professional organizations to investigate the subcultures and political nature of organizations. Selcer (2004) used the lens of structuration to explore the power relations and employees’ meaning constructions in their organizations. These are a couple of examples that show how this framework has been utilized by empirical researchers to expand our knowledge about the organizations under study. The selection of Giddens’ theory allowed the exploration of the specific organizational attribute that is the primary focus of those studies in relation to other macro and micro organizational factors.

A major criticism to Giddens' theory is the eclectic nature of the theory and ambiguity of the concepts (e.g., Sewell, 1992, and others as mentioned in Cohen, 1989 and Stillman, 2006). It is important to understand that this framework is not intended to be a causal theory providing models to be tested by empirical work or a prescriptive methodology; rather it should be regarded as "sensitizing devices" (Giddens, 1984, p. 326).<sup>3</sup> Parallel to this understanding, this study adopts this theory as a general framework to generate the research questions on which aspects of organizations need to be explored to better understand whether, how and why they changed or not, and how this influenced their success; and the research methodology to inquire about these issues. It is utilized to provide a perspective on how various micro and macro factors continuously restructured CDCs and regarded as a tool to interdependently examine organizational attributes which makes CDCs what they are. The study uses the constructs of 'rules, resources, knowledgeable agencies'—defined within the context of this research—as factors shaping organizations with regards to their time and spatial contexts, and employs this theory to generate the

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<sup>3</sup> The use of the term "sensitizing devices" is comparable to "sensitizing concepts" introduced by Blumer (1954). Differentiating them from "definitive concepts" that are instances common to a certain group of objects, Blumer (1954) stated:

A sensitizing concept gives the user a general sense of reference and guidance in approaching empirical instances. Whereas definitive concepts provide prescriptions of what to see, sensitizing concepts merely suggest directions along which to look. The hundreds of our concepts-like culture, institutions, social structure, mores, and personality—are not definitive concepts but are sensitizing in nature. (p. 7)

They are the interpretive devices used as a starting point of a qualitative study (Bowen, 2006, p. 2). My use of "rules-resources-knowledgeable agencies" constructs and the suggested interdependence of them by the structuration theory is parallel to this approach.

research questions and methodology. In that sense, it takes advantage of this framework for its strength of “consider[ing] social construction processes together with the objective characteristics of the social world, i.e. connections between human action (in the form of structuring activities) and established organizational structures (Gioia & Pitre, 1990, p. 592) to conduct a comprehensive analysis; and for its incorporation of all dimensions explored in other organizational theories (macro and micro scale) within a single framework.

### **Organizational Success**

Even though organizational success represents “a useful tool for critically evaluating and enhancing the work of organizations” (Taylor & Sumariwalla, 1993; as cited in Forbes, 1998, p. 183), as acknowledged by many (for example, Herman, 1990; Herman & Renz, 1997; Forbes, 1998; Sawhill & Williamson, 2001), defining and measuring success is quite problematic. Organizational success has attracted theoretical and empirical attention in the nonprofit literature for more than thirty years and is considered to be a valuable construct. However, as Forbes (1998) and Herman (1990) stated, its use is confusing due to having different meanings for different people and utilization of several measurement types.

Conceptualization and measurement of success is mentioned to be especially problematic for nonprofits, since their distinctive statuses do not generally fit the models used by for-profit organizations, such as profitability and goal attainment. Nonprofits cannot duplicate this straightforward way used by private sector and

measure their successes by their profits and losses. Forbes (1998) summarizes the three major approaches adopted by researchers to study the topic as:

- a. The goal-attainment approach where effectiveness is defined as the extent of meeting organizational goals with the assumption that these goals are identifiable and unambiguous.
- b. The system-resource approach which defines success as resource procurement and ability to survive.
- c. Reputational approach, which defines and measures success with regards to the opinions of constituents, such as clients, staff, other professionals, etc. (pp. 184-186).

However, due to the insufficiency of single-measure approaches, it has been accepted by several researchers that there cannot be a universal definition or model of success, and multidimensional approaches that measure success in different ways simultaneously are needed (Cameron & Whetten, 1983; Herman, 1990; Herman & Renz, 1997). Studies by Kushner and Poole (1996), Sawhill and Williamson (2001), and Turbide and Laurin (2009) are among examples adopting a multidimensional approach to success. Such studies utilize frameworks of what Herman (1990) calls “workable effectiveness measures” (p. 298). These models incorporate various combinations of aspects such as financial indicators, constituent satisfaction, outcome measures, reputational measures, and survival.

This study explores how CDCs become successful, how they change or fail to change to become successful, and how the understanding of success evolves. In order to do that, firstly, it is necessary to look at self-defined success measures of

CDCs. The research acknowledges that CDCs, like other not-for-profit organizations, also manage several and sometimes conflicting dimensions of success. Since CDCs are a type of organization whose success hasn't already been systematically explored in the literature, rather than adopting one of the proposed comprehensive measurement models for other nonprofits, this study relies on the self-defined success measures with the purpose of developing a framework specific to CDCs.

**Impact-Activity-Capacity Model.** Even though an existing model is not used to judge whether a CDC is successful or not, a particular performance assessment model, developed by Sawhill and Williamson (2001), was chosen as a reference structure for its comprehensiveness of success measures listed in other studies, and for its applicability to the CDC context. This model defines success at three levels: impact, activity and capacity. Impact level refers to the community outcome and refers to making progress toward fulfilling organization's mission and meeting its goals (Sawhill & Williamson, 2001, p. 372)—i.e. the goal-attainment approach. Activity level is defined as the program outcome and expressed in the question of whether the organizations' activities achieve the programmatic objectives and implement the strategies. Success in capacity level is defined as whether the organization has the resources—the capacity—to achieve its goals (Sawhill & Williamson, 2001, p. 372). Table 1 shows how these three levels of success apply to CDCs with community service and education components, and the possible measures at these levels.

Table 1

*Adaptation of the Impact-Activity-Capacity Model (Sambill & Williamson, 2001) for the CDC*

*Context*

<b>Success Levels</b>	<b>Community Service</b>	<b>Professional Education</b>
<b>1. Impact</b> - goal-level (community outcome)	Change in social/economic conditions of the larger community	Impact on profession—changes in students who are involved in CDC work—social norms, civic action, etc.
<b>2. Activity</b> - program outcome	# of people served, projects completed	# of students trained, # of studios taught
<b>3. Capacity</b> - resources	Funding, human capital	Funding, human capital

The way components of the model are utilized in structuring the data collection instrument is described in detail in the following Research Methodology and Procedure chapter.

## **RESEARCH METHODOLOGY AND PROCEDURE**

This chapter intends to discuss the methodological choices made in the conduct of this study. It begins with an introduction of the underlying philosophical assumptions and the reasons for choosing such stances. The following section introduces the sequential mixed-methods research design and explains the goals and research strategies employed in both phases of the study. The chapter concludes with a discussion of the measures taken to ensure research quality and methodological rigor, and the researcher's role in each phase.

### **Pragmatist Worldview and Research Assumptions**

This study combines a pragmatist stance with a lens of naturalistic inquiry. With the pragmatist worldview, the focus lies on the problem to be researched and the consequences of the research (Creswell & Plano Clark, 2007; Feilzer, 2010). This alignment with pragmatism allowed me to distance the research from the ongoing dilemmas of postpositivist versus constructivist paradigms, and allowed for taking advantage of the use of both qualitative and quantitative research methods to obtain real-world practice oriented organizational outcomes for CDCs. In line with a Deweyan perspective (1931), it aims to clarify meanings by tracing out the consequences of certain phenomena on CDCs (Cherryholmes, 1992, p. 13). For this study, the pluralist understanding of pragmatism opened the doors for a mixed-methods research design to provide adequate answers to the research questions of varying nature.

It is not the intent of this study to summarize the multiple understandings and the evolving history of pragmatism since the early 20<sup>th</sup> century. Obviously, there are significant differences among the three pioneers of pragmatism, Peirce, James and Dewey, and also in comparison to the contemporaries, such as Cherryholmes (1992) and Rorty (1999). Within the framework of this study, such a worldview is useful for giving the opportunity to look at the phenomena from various perspectives. Avoiding the debates of truth and reality, “Pragmatism ... accepts, philosophically, that there are singular and multiple realities that are open to empirical inquiry and orients itself toward solving practical problems in the ‘real world’” (Creswell & Plano Clark, 2007, pp. 20-28; Dewey, 1925; Rorty, 1999; as qtd. in Feilzer, 2010, p. 8).

However, it is important to acknowledge that each researcher brings her own ontological and epistemological assumptions to the selection of research questions and research design, including data collection, analysis and interpretation stages—which, in this case, refers to the researcher’s tendency toward the naturalistic paradigm. Such a naturalistic position brings recognition that “it is neither possible nor necessarily desirable for research to establish a value-free objectivity” acknowledging the role of interpretation and creation in reporting findings (Groat & Wang, 2001, p. 33). This naturalistic approach to reality and knowledge seeks to develop an understanding of success and organizational change for CDCs, relying on the socially- and historically-constructed meanings of CDC directors, with the aim of generating theory to explain success, and factors influencing organizational transformations (Crotty, 1998; Creswell, 2009).

## **Strategies of Inquiry: Sequential Mixed-Methods Design**

This study has a two-phased mixed-methods research design to better respond to the exploratory and explanatory nature of the research questions: a cross-sectional survey of recent and past CDCs, followed by detailed case studies of selected organizations. The limited literature on CDCs as organizations required an initial exploratory stage to understand what success means for these centers. The findings of the survey provided a general picture of success definitions as a foundation for the second phase that was conducted after first phase data was collected and analyzed. The emergent nature of research design allowed the revision of the research questions and the data collection instrument of the second phase in the light of survey findings. The case studies helped complement, explain and elaborate the survey results for meanings of success and factors influencing the effectiveness of CDCs. Relying on stories of critical occurrences in organizations' histories, the second phase also inquired whether or how CDCs have changed over time, and what internal or external factors caused them to change and in which direction. See Figure 2 for a visual model of the research design.

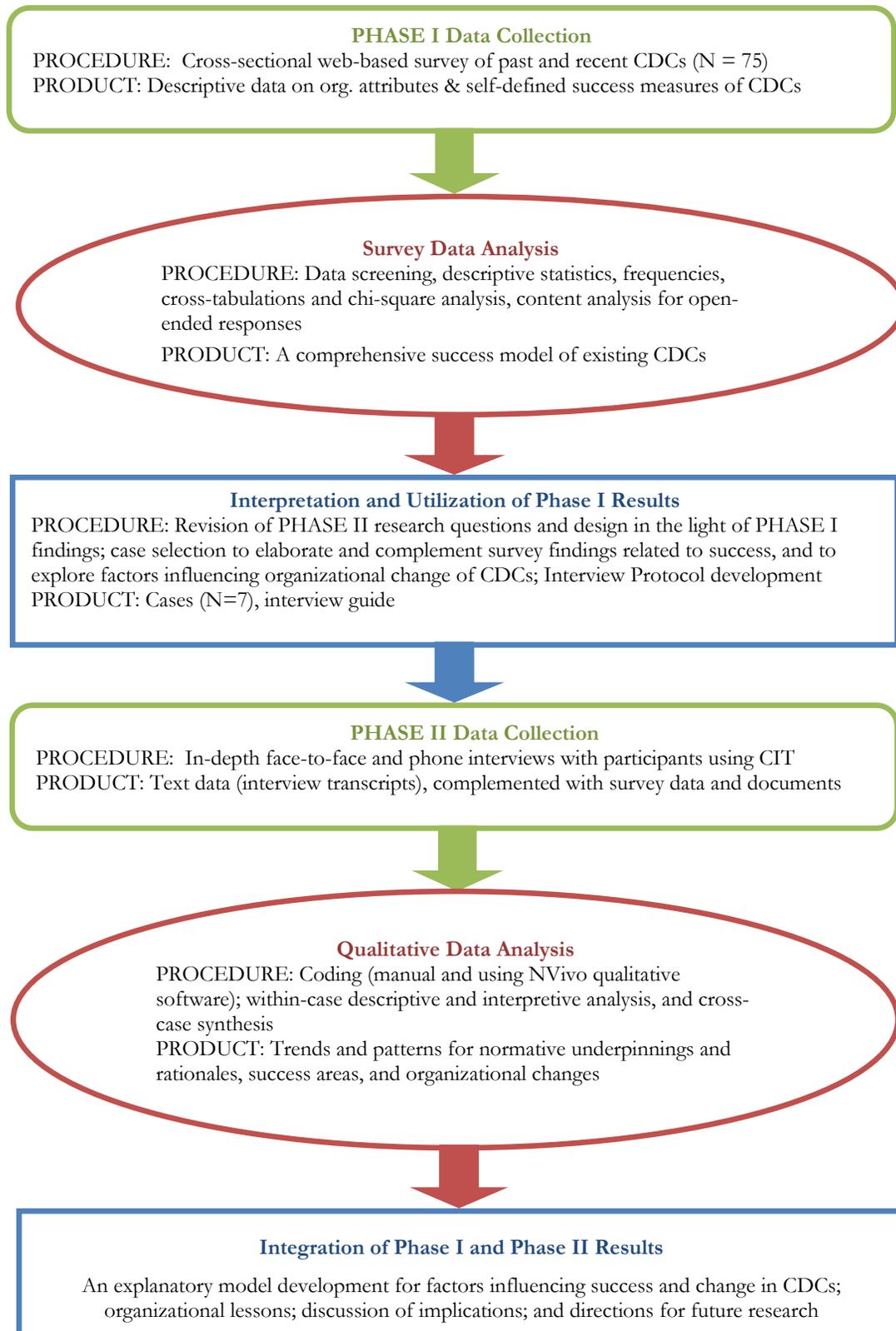


Figure 2. A visual model for mixed-methods sequential research design.

**Phase 1: cross-sectional survey of CDCs.** In order to explore how CDCs become successful, how they change or fail to change to become successful, and how the understanding of success evolves, this first phase looks at self-defined success measures of CDCs. The survey was aimed at establishing success criteria used by CDCs; understanding whether current CDCs have developed and been using any metrics to measure their success; and exploring whether any organizational characteristics influence these success definitions. The survey outcomes are used to construct a detailed model of success definitions specific to CDCs, which then provided a foundation for the second-phase research design. This study accepts that CDCs, like other not-for-profit organizations, also manage several and sometimes conflicting dimensions of success. However, since CDCs are a type of organization whose success hasn't already been systematically explored in the literature, rather than adopting one of the proposed comprehensive measurement models for other nonprofits, this study takes on an "emergent approach" for gathering success definitions with the purpose of developing a framework specific to CDCs (which was later used in the process of selecting cases in the second phase of the research and preparing the data collection instrument).

... [I]n the emergent approach to organizational effectiveness, assessments of effectiveness are not regarded as objective facts but neither they are regarded as arbitrary or irrelevant. Rather, emergent approach holds that definitions and assessments of effectiveness have meaning but that the meaning is (a) created by the individual or organizational actors involved, (b) specific to the context in which it was created, and (c) capable of evolving as the actors continue to interact (Forbes, 1998, p. 195).

Even though an existing model is not used to judge whether a CDC is successful or not, a particular performance assessment model, developed by Sawhill

and Williamson (2001) was chosen as a reference point for developing the closed-ended success definitions section of the survey for its comprehensiveness of success measures listed in other studies, and for its applicability to the CDC context. As discussed in the former chapter, this model defines success at three levels: impact, activity and capacity. Impact level refers to the community outcome and refers to making progress toward fulfilling organization's mission and meeting its goals (Sawhill & Williamson, 2001, p. 372)—i.e. the goal-attainment approach. Activity level is defined as the program outcome and expressed in the question of whether the organizations' activities achieve the programmatic objectives and implement the strategies. Success in capacity level is defined as whether the organization has the resources—the capacity—to achieve its goals (Sawhill & Williamson, 2001, p. 372). The components of the model and how they are utilized in structuring the survey questions will be described below in detail.

The self-administered survey tool sent to the organizational leaders of CDCs aimed to grasp the palette of success definitions to get a sense of which indicators are used to define and judge the effectiveness of CDCs under *current* broad social, political, economic and environmental contexts. It is acknowledged that these definitions also reflect the unique situational properties of individual organizations, and are limited to the perspective of directors and exclusive of other stakeholders' judgments of effectiveness. However, it is assumed that, to some extent, these definitions are also indications of negotiated effectiveness judgments of other stakeholder groups, i.e. influenced by other parties (such as clients, funders,

university administrators, center staff) at varying degrees, and have the power to provide a relatively comprehensive success framework unique to CDCs.

Below is a detailed description of how the survey was designed, administered and analyzed.

***Target population and sampling.*** The first step in administering the survey was to compile a comprehensive list of past and recent university-affiliated CDCs combining the centers' information from available directories and lists. The CDC list forming the population of this study was compiled using:

- a. The online directory of ACD (April 2008),
- b. The ACSA Sourcebook of Community Design Programs (2000),
- c. Online CDC lists from Metropolitan Design Center Resources (2008) and citizenarchitect.com,
- d. A list of CDCs personally compiled by community designer Henry Sanoff (2008), and
- e. Survey of community outreach programs (Curry & Ferebee, 2005).

The list included 82 existing and defunct CDCs incorporating university-affiliated centers, design/build studios, and community design programs (see Appendix A for the full listing). The survey was digitally sent to the directors of all organizations whose valid contact information could be retrieved, i.e. 75 past and recent centers in total.

***Instrumentation.***

*Pilot test.* The purpose of the pilot survey was testing the questionnaire before sending to a nationwide sample to make sure that the questions were clear, targeted

those issues that are of key importance to community design centers, and addressed concerns of community designers. It also aimed at testing a possible interview strategy—i.e. asking about critical occurrences (turning points in center’s history), as discussed further in the research design of the second phase.

The online pilot survey was electronically sent to the directors of 8 non-profit community design centers. An introductory text explaining the purpose of the study and the pilot test accompanied the survey link embedded in the email (see Appendix B). Since the actual survey would be sent to the entire population of university-affiliated community design centers and programs, non-profit centers were chosen for the pilot test. These centers were selected for representing the variety of the organizations in terms of geographic locations and organizational sizes. Center directors were asked to pass the survey to another organizational member if that person is more qualified to respond to the questions. Three of these CDCs responded to the questionnaire and stated their interest in giving feedback on the survey and commenting further on the questions – a Pennsylvania-based mid-size CDC founded in 1968, a small CDC in Tennessee founded in 1970, and a large Washington-based CDC founded in 1970. Follow-up phone interviews were scheduled with the respondents to get their comments on questions and to test some possible second-phase interview questions. These phone calls lasted between 25-40 minutes. The following protocol was followed in each interview:

1. A brief reminder about the study’s purpose and the objectives of the follow-up call.

2. General questions about the length of time, interest level, relevancy, question types (checklists vs. open-ended questions).
3. Asking about points they would like to mention about the survey in general.
4. Going over each question for their clarity and relevancy.
5. Inquiring about 1 or 2 critical occurrences (turning points) for the timeframe of respondent's involvement in the center (i.e. year and type of occurrence, and how this occurrence changed the center and influenced its success).
6. Asking about what could have been done differently during the timeframe of respondent's involvement to improve the success of the center.

*Final questionnaire.* Following the pilot study, the three-part questionnaire was finalized with an estimated completion time of 10-15 minutes. The first part of the survey was concerned with the general information on the organization, and collected data with respect to:

- Type of the community design initiative, i.e. a CDC affiliated with an architecture school or another unit within a university, a community design program, a design/build studio, a community design studio, or another type of organization
- Scope of the CDC's work, including advocacy, public education, design services, planning services, research and policy analysis, and professional education
- The year the organization was founded (and closed, if applicable)
- Missions and goals
- Size of the organization

- Professional backgrounds of the director and staff
- Board composition, if applicable

The second part was composed of open- and closed-ended questions. It dealt with explicit or implicit definitions of ‘success’ for the CDC, whether current definitions were different than the past, which stakeholders substantially influenced the organization’s success definitions, and availability of any metrics to measure success.

The closed-ended question listing 12 possible success measures was based on the ‘impact-activity-capacity’ model by Sawhill & Williamson (2001). Respondents were asked to mark those factors contributing to their success definitions. The measures with respect to the *impact* of the organization on public and professional education realms as well as on a personal level are listed as:

- Community outcome—impact of the CDC on the social and economic conditions of the larger community the center addresses
- Impact of community design work on architectural curriculum
- Impact of community design work on students’ norms, values, civic action, etc.

*Activity* related measures reflected the quantifiable community and educational services of the CDC and included:

- Number of people served
- Number of projects completed
- Scale of projects completed
- Number of students trained
- Number of studios taught

*Capacity* measures listed the financial and human resource-level success criteria of the organizations:

- Longevity—ability to survive via securing the necessary resources
- Revenue generated by the organization
- Amount of available funding

The open-ended question inquiring the formal or informal success definitions was aimed to grasp any other dimension that could have been missed by the adopted model.

The third part of the survey collected information about the survey respondent, and inquired about the willingness to comment further on the circumstances influencing the CDC.

Two versions of the survey instrument were prepared for the existing and non-operational centers. The version for the non-operational centers also asked about the factors that led to the closure of the center (see Appendix C for the two questionnaire versions and accompanying invitation letters).

***Data collection.*** The data were collected via web-based, self-administered questionnaires using the SurveyMonkey tool, providing anonymity to respondents if desired. An e-mail was sent to the director of the organization explaining the purpose of the study with the survey link embedded into the invitation message. When I was not sure whether the center was currently active or not (for example, due to not having any recent activity on the center’s website), links to both versions of the survey were included asking the respondent to select the applicable version. Two follow-up emails were sent in two-week intervals.

*Data analysis.* For the closed-ended questions, the initial data screening included obtaining descriptive statistics for variables related to organizational characteristics such as type, age, service areas, leadership, and governance; as well as success definitions obtained from the closed-ended questions. Descriptive statistics for the survey questions are summarized in the text and reported in tabular form in the Survey Results chapter. Frequency analyses were also conducted to identify valid percent of responses to the survey questions, and the prioritized success measures. The relationships between success measures and organizational characteristics were examined using nonparametric statistical tests (i.e. cross-tabulations with chi-square statistics).

Open-ended questions related to success definitions were examined by content analysis. Firstly, the researcher read through the responses writing memos and coded the data by segmenting and labeling text. Then, categories were created to cluster qualitative data in order to generate a comprehensive model of success. To minimize researcher bias, three independent judges who had research backgrounds, but were not familiar with the research questions, were asked to sort the data segments to relevant categories. If data bore on more than one category, the judges included them in all categories. When there was an inter-judge disagreement on certain data chunks, the researcher followed up with the judges to understand the reasons to selecting those categories, and to see how responses were interpreted differently. The rationale was to get a sense of whether the judges' were not clear about the content, interpreted the response differently, or whether the response

could fall into more than one category. In the light of judges' feedback, the researcher made her own informed judgment on where to place the data segment.

The judges were also asked to group the factors listed in the closed-ended question to the same categories used in the open-ended success question. The responses to the closed-ended success questions with the list of 12 factors were then merged with the findings of the qualitative analysis to generate a comprehensive model of success criteria currently employed by CDCs. That model, which was a revised and detailed version of the assessment model by Sawhill and Williamson (2001) with particular relevance to CDCs, also provided the foundation for designing the second-phase of the research.

***Research permission and ethical concerns.*** This first phase of the study utilized an online survey that did not request any information that would place respondents at risk. The data were collected in such a manner that identification of respondents was not possible unless they chose to share personal information voluntarily. In the survey, there was a section where respondents had the option to indicate their organization's name, their name and contact information if they would like to be informed about study's findings, to participate in a follow-up part to comment further, and for the researcher to have a better understanding of what kinds of organizations have responded. Personal and organizational information is kept confidential, and not used in this dissertation or elsewhere. The research protocol was considered exempt after review by the Institutional Review Board pursuant to Federal regulations, 45 CFR Part 46.101(b)(2) (see Appendix D for the IRB Exempt Approval Letter) .

**Phase 2: comparative case studies.** In the beginning of the research design, the initial aim for the second phase was to explore the transformational process of CDCs depending on the oral histories of the leaders of selected organizations to understand how these transformations influenced their successes. It was then predicted that the success model developed from survey findings would allow me to see which particular impact, activity or capacity areas university-affiliated CDCs prioritize for their success in relation to certain organizational characteristics; aid in selecting different types of CDC with respect to their success areas; and compare which internal and external factors caused these variances in success areas and organizational transformations.

However, as discussed in the following chapter, the findings of the survey revealed a wide breadth of success definitions among CDCs, not significantly related to any particular organizational factor. These findings necessitated augmenting the second phase to further inquire about success areas of CDCs to verify, clarify and elaborate the findings of the first phase, in addition to examining how and why CDCs changed or failed to change due to internal and external factors, and how those changes impacted the organizational success. This approach is parallel to the 'structuration framework' discussed in the Theoretical Frameworks chapter where organizations are considered in continuous transformations with respect to macro- and micro-factors, and they differ among themselves due to time and spatial contexts.

Within this framework, the second phase examined:

- (1) The normative underpinnings and rationales for CDCs

- (2) CDCs' success areas and how these areas relate to institutional, organizational, and human-agency related factors
- (3) How "rules, resources, and knowledgeable agencies" influenced organizational changes, and what kind of impacts these changes had on CDCs' success

This second phase of the research used a multiple-case study design (Yin, 2003) for collecting and analyzing data. It focused on elaborating the success-related findings of the first phase and exploring organizational transformations of CDCs. The unit of analysis was a current university-affiliated community design center or program.

The primary technique of data collection was conducting in-depth semi-structured interviews with CDC directors in person or over the phone. Since triangulation of data is significant in case study analysis (Creswell, 1998), the interview data was cross-referenced to survey responses of the participants (if survey data was available and identifiable by consent), complemented by other information available on the organization from websites or published media. These secondary data for different cases included mission statements, information on undertaken projects, processes they followed, and students' reflections on CDC processes.

***Interview protocol development.*** The content of the interview protocol was grounded in the results from the first phase of the study for the success-related questions, and the constructs derived from the theoretical 'structuration' framework for the organizational change-related section. Since the survey findings did not provide significant indications of what factors contributed to success definitions, one

aim of the interview was to understand where these organizations see themselves most successful and inquire further about the meaning of success within their contexts. The interview also focused on organizational changes and future prospects of CDCs.

During the interview, the participants were asked questions about factual information about the CDC as well as their opinions about events, decisions, and processes that influenced the organizations in positive or negative ways. The interview guide was composed of three sections. The first section was about organizational success. I asked the directors their opinions on the areas their center has been most successful, inquired about the meanings, indications and reasons for success. I also followed up on issues, such as the shifts in impact areas, parties influencing the success definitions, and the availability of metrics to formally or informally evaluate success.

The second section of the interview focused on organizational changes. By employing 'Critical Incident Technique' (CIT), I asked the respondent to identify 2-3 significant occurrences that influenced the success or direction of their centers in a positive or negative way. CIT, rather than participant observation or unstructured interviews, was chosen for the following reasons:

1. While participant observation only focuses on 'here and now,' CIT gives insights to what happened in the past.
2. Unlike unstructured interviews (where participants will be asked to tell the organizational histories in this case), there is a focus that enables the

researcher to direct respondents to particular incidents which changed the CDC and affected its success in the timeframe of concern.

3. The CIT technique is well suited for multi-site investigations, enabling the researcher to capture the patterns that are generalizable and the essence that is contextually specific (Chell, 2004). The findings will inform other CDCs about the critical incidents in an organization's history, the strategies adopted to handle them, and the outcomes in terms of organization's success.

The CIT attempts to identify “certain events or situations that marked significant turning points or changes in the life of a person or an organization or in some social phenomenon” (Turunen et al, 2004, p. 420). The respondents are asked to give detailed descriptions of critical incidents—i.e. “significant occurrences (events, incidents, processes or issues) identified by the respondent, the way they are managed, and the outcomes in terms of perceived effects” (Chell, 2004, p. 48), with the aim of collecting contextual data on the organizations. They are asked to focus on not more than four incidents that have occurred over the organization's lifetime (or when they were involved in the organization) (Chell, 2007). The respondents need to have intimate knowledge of the incidents. Critical incidents identified by interviewees were utilized to determine the critical turning points in the organizations lifetime and the factors that led to these transformations. It helped explore how these changes influenced the successes as well as success definitions of CDCs in time.

One of the challenges of this technique is dependence on the respondents' memories. The accounts are always retrospective. Especially for CDCs that have been around for a long time, remembering the incidents and their sequence may be problematic. Documentary sources were checked where available to verify factual statements.

Another issue may be the resistance of respondents to reveal negative incidents and their tendency to tell success stories. Ensuring the confidentiality helped overcome this barrier, stating in the beginning of the interview that the name of the respondent, the organization, and other names and organizations mentioned in the interview will be kept anonymous. In a couple of instances, I felt the necessity of reminding the respondents of my promise of anonymity during the interview. This then helped overcome their hesitance of sharing certain information.

The third section was on the future prospects of CDCs, and asked the directors their visions for their organizations in the next 5-10 years, and the strategies they were planning or started following to achieve these visions. I also asked their opinions on the most important role university-based CDCs can play, and the characteristics and strategies that would support this role.

*Pilot test.* As mentioned in the first-phase research design section, the initial pilot study also tested the applicability of the CIT to the CDC context. During the follow-up phone interviews with the pilot survey respondents, I asked them to name 1 or 2 critical occurrences (turning points) in their center for the timeframe of their involvement. I told them these could be events, incidents, processes, issues, major decisions, etc. that changed the center significantly in some way. I inquired about the

year and type of occurrence, how this changed the center and the impact of the incident on center's success. For the named negative occurrences, I asked them during the timeframe of their involvement, what could have been done differently to improve the success of their center. The responses of the non-profit CDC members provided useful insights to their organizations' histories of change, so I decided to proceed with this technique in the second phase of the research. The second pilot test was conducted after the completion of the first phase with the directors of two university-affiliated community-based centers who would not be in the sample selected for the case studies. The first center was a design, research and advocacy center which was not included in the initial population of CDCs. The second was a defunct community design program. The interview questions and probes were tested during the interviews, and debriefing with the participants were conducted to obtain information on the clarity of the questions and their relevance to the study aim. As a result, the wording and order of the protocol questions were revised slightly, and additional probing questions were developed. Comparing the phone interviews in the first pilot test and the face-to-face interviews in the latter, I decided to proceed with face-to-face interviews as much as possible due to its advantages of building rapport with the respondents. Please see Appendix E for the complete interview guide listing the followed procedure, questions, and probes.

***Case selection.*** The purposeful sampling in the second stage sought to provide maximal variation in certain organizational attributes, such as organizational structure, scope of work, duration, and contexts of operation of the centers—in order to serve the exploratory and explanatory nature of research questions. The

decision to conduct the interviews in person when possible limited the range of the possible sample to some extent, but did not prevent me from satisfying the variability criteria of the sample. The most crucial factor in the sample selection was the decision to conduct the interviews during a conference attended by community designers. I identified a list of 6 CDC directors who would be attending the conference. Four of those directors had already completed the survey, and mentioned their interest in participating in the latter stages of the study. Even though the two other potential participants had not completed the survey, I contacted them to inquire about their willingness to participate in this second phase. All 6 directors agreed to be interviewed; 5 on the conference site and the other one later over the phone due to scheduling conflicts. I decided to include another case in my sample after concluding the interviews with the initially chosen 6 directors, for the unique information I could obtain from that particular center due to its rural focus and different organizational structure. As a result, a total of 7 cases were chosen providing varieties in: contexts of operation (urban vs. rural), scope of work (i.e. design and planning services, advocacy, professional education, community education and capacity building, advocacy, and research), organizational structures, types of institutions they are housed in, and organizational lifetimes (with founding dates ranging from the late 1980s to late 2000s). A more detailed comparison of case studies is provided in the following chapters.

***Data collection.*** The primary data collection method was in-depth semi-structured interviews, five of which were conducted in person during the Architecture for Change Summit which was held at the University of Illinois at

Chicago on September 22-24, 2009, and the remaining two interviews were completed over the phone. Participants' survey responses and information available from other available sources, such as the websites of the centers, mission statements, and existing literature were used to triangulate the data. The interviewees were informed that the focus of the research was to explore the different ways CDCs have been successful over the years, and the findings should reveal the different organizational models that reflect and shape CDCs missions and goals; organizational decisions that have helped or hindered the success of different centers; how CDCs have changed through their lifetime in response to changing social, political economic, and professional conditions; and what the future prospects of CDCs could be. The participants received the interview questions prior to the scheduled interview time. I have informed them that the interview is confidential; only a transcriber and I would hear the actual recording, and anything written would not be identified by their names and organizations. Information regarding the current and former roles of the participant in the CDC; background; and when s/he has started was collected before starting the interview if such information is not already available from the survey responses or elsewhere. Each interview was recorded and later transcribed verbatim after the consent of the participants. The interviews ranged in duration from 32 to 70 minutes, with an average of 51 minutes.

***Data analysis.*** This study applied a cross-case synthesis technique to analyze the data collected from the chosen seven CDCs (Yin, 2003, p. 133), with the aim of proposing an explanatory model on factors influencing the success of CDCs and organizational changes. The initial step was developing a case description for each

studied center, i.e. within case analyses, followed by cross-case analyses for theme development and searching for similar and different patterns. Data was coded manually and using NVivo 8 qualitative data analysis software. Steps in the qualitative data analysis included: (1) Taking notes on site following the interviews which included the emerging hunches of the researcher; (2) Preliminary exploration of the interview transcripts and the researcher memos; (3) Content analysis of the interviews to identify trends and patterns, related to the research questions on normative underpinnings, areas of success and the influential factors, and organizational changes, i.e. “focused coding” (Charmaz, 2006, p. 57); and (4) theoretical coding to suggest a model to “specify possible relationships between categories” developed in the former coding phase (Charmaz, 2006, p. 63). This last stage serves the purpose of proposing an explanatory model for CDCs by presenting evidence from the studies cases with the aim of “developing ideas for further study” (Yin, 2003, p. 120).

***Research permission and ethical concerns.*** All participants were informed about the project in accordance with and pursuant to the approval from ASU’s Institutional Review Board (IRB). An information letter was sent to potential participants explaining the research purpose, expected duration, and potential benefits of the study (see Appendix B for the Information Letter). The letter stated that their participation in the study was voluntary, and they could withdraw from the study anytime. Interested participants indicated their willingness to participate by email. While taking permission to audiotape the interview, I reminded the interviewees that their responses will be kept confidential. It was possible that

participants might disclose sensitive information that may jeopardize their relationship with the university administration, the funding organizations, or other parties that have relationships with the CDC. Steps were taken to guarantee that any published information could not be linked to the participant or that CDC. A unique project I.D. number was assigned to the data collected from the CDC director, and identifiers were removed from data after audio transcriptions are completed. The participants could also ask at any time during the interview to stop audio recording. All study data are stored digitally in password protected folders in the researcher's computer, and will be destroyed after seven years.

This second phase of the research was also considered exempt after a separate review by the Institutional Review Board pursuant to Federal regulations, 45 CFR Part 46.101(b)(2) (see Appendix D for the IRB Exempt Approval letter) .

### **Measures for Research Quality**

In line with the paradigmatic stances of this research, I have taken the following measures to ensure the credibility of this study, as outlined by O'Leary (2004):

- Subjectivity with transparency: This is a research with an agenda, i.e. generating knowledge to “pave the way for change” (O'Leary, 2004, p. 133). This study aims to demonstrate CDCs' value to professional design education in particular, and institutions of higher education in general. In addition to contributing to the theoretical knowledge base, for example, the evidence provided in this study can be used by faculty or staff involved in CDCs to persuade other stakeholders on the significance of the work they are doing, and leverage administrative support.

It also aims to provide pragmatic lessons at an organizational level to further CDCs' impacts on institutional, community and individual levels. Thus, it is apparent that the researcher's subjectivities take on a key role in the selection of research questions, methodologies and conclusions drawn from the data (O'Leary, 2004, p. 58). The background and rationale of the study outlines the researcher's beliefs and positioning so that the audience of the research can evaluate the credibility of the study design as well as its findings.

- **Dependability:** Dependability was established by maintaining a systematic research protocol and clearly documenting the steps during instrumentation, data collection and analysis to ensure consistency and quality control. I have received feedback from my dissertation advisor throughout the process on the quality and appropriateness of my research approaches. The independent judges involved in the coding of the qualitative survey data also helped manage research subjectivities. The developed and pilot tested survey and interview guide ensured that data was gathered consistently from all participants. Triangulation of the data from other sources was another method used to cross-check obtained data. Particularly, complementing the survey data with interview transcripts was useful for consistency checks.
- **Authenticity:** With the recognition that multiple truths may exist, this research is clear on the fact that the conclusions are primarily based on the self-reported success definitions and opinions of organizational leaders who may have their own agendas to define, measure, and present the successes of their centers. However, as mentioned above, it is assumed that, to some extent, these

definitions are also indications of negotiated effectiveness judgments of other stakeholder groups, i.e. influenced by other parties (such as clients, funders, university administrators, center staff) at varying degrees; and can provide useful perspectives and suggestions regarding the successes and changes of CDCs. It is assumed that the assurance of confidentiality have helped the respondents disclose information on their opinions and occurrences “in a manner that is ‘true’ to their experiences” (O’Leary, 2004, p. 58). Triangulation of the factual data from other sources and comparison of interview responses with survey findings helped ensure the credibility of CDC directors ‘truths.’ Rigor and reflective practice throughout the research process, including systematic and critical assessment of the CDC directors’ statements in the light of existing literature and the theoretical frameworks utilized in the study assured that the conclusions are justified and credible (O’Leary, 2004, p. 60). Additionally, the researcher used direct quotations from the interview transcripts as much as possible to retain the full meaning of the responses. That measure will also allow the research audience to make their own judgments of the data and assess the credibility of the researcher’s interpretations.

- **Transferability:** Thick descriptions of the case studies with respect to the macro- and micro-contextual factors that could be influential in the success measures and organizational changes of CDCs are provided to allow readers to judge the applicability of the findings and lessons learnt to other centers operating within different internal and external contexts.

- **Auditability:** Detailed descriptions of the followed research protocols, raw data from the survey and interviews, written memos and other notes will be stored for seven years after the completion of the project. The data will then be destroyed per IRB procedures.

### **Limitations and Problems Faced**

**Limitations related to target population and sampling.** This research is limited to CDCs that are affiliated with universities. Thus, the findings are not intended to be applicable to other types of CDCs. Since there is no single directory or source listing all current and past CDCs; the population of the study relied on the compilation of lists from a variety of sources, some of which are continuously revised. For example, the centers listed in the directory of ACD were revised since the first phase of the study was completed. So, it is probable that not all university-based CDCs centers, programs and studios were included in the initial sampling process of Phase 1. Another limitation pertains to the impossibility to obtain contact information of some of the directors of defunct CDCs, and some of them being deceased.

The reliance of the second phase sampling to the first phase respondents' willingness to participate in the latter phase and the decision to conduct face-to-face interviews with CDC directors on a single site limited the sample of the case studies. However, the research assumption that each organization operates uniquely in own internal and external contexts brought the perspective that each CDC would provide

a distinctive temporally- and spatially-unique case to be studied, and consecutively different lessons could be learned via in-depth studies of each CDC.

**Limitations related to data collection.** The dependence on organizational leaders' opinions and descriptions of events as the primary data source limits the research's ability to provide multiple realities/perspectives of other stakeholders, such as communities, students, and funding organizations. Even though triangulation of data was employed to the extent possible, future research is needed to incorporate the experiences and perspectives of other parties involved in the CDC processes or affected by the work of CDCs.

Even though the response rate for the cross-sectional survey was relatively high (43%), only one director from defunct centers responded to the survey. That particular response was not included in the quantitative findings section of the survey (but taken into account in the qualitative part for its potential to add depth), since a single CDC could not be considered representative of all past CDCs. In that sense, the survey data was limited in its ability to reflect success definitions of past CDCs, but primarily provides information on current centers.

**Problems related to the results of phase 1.** Since the survey failed to provide distinctive categories of success for CDCs or significant differences in success measures of CDCs in relation to organizational attributes of concern, a re-strategizing process was deemed necessary regarding the second phase of the research. The initial intent was to select the cases for the second phase with respect to the typology to be developed from the survey findings to explore how these CDCs have changed over time. Since the survey results did not provide such

differentiation in success definitions, a decision was made to further examine the impact areas and meanings of success for the selected cases to confirm, elaborate and explain the survey findings with respect to the influential factors; rather than primarily focusing on organizational changes.

### **Role of the researcher**

The researcher's involvement with data collection and analysis is different in the two phases of the study. In Phase 1, the researcher administers the survey and collects data using standardized procedures. The data analyses stages included descriptive and nonparametric statistical analyses for the quantitative data, and content analysis of open-ended responses with coding partially completed by independent judges. In the second phase, the researcher assumes a more interpretive role, which requires her to explicitly state her position and systematic data collection and analysis processes that could create potential for bias. Even though the researcher sincerely believes in the significance of CDC processes and outcomes for professional design education and improvement of social, economic and physical conditions of disadvantaged communities; she is not affiliated in any type of CDC that could cause possibility for bias for case selection, or interpretation or reporting of the results. Additionally the dissertation advisor and other committee members have conducted an attentive audit on the processes to control for bias and establish accuracy of the findings.

## **SURVEY RESULTS:**

### **A COMPREHENSIVE SUCCESS MODEL FOR CDCS**

Is a community design center that was able to survive for 25 years more successful than one that was closed after 10 years of activity for failing to attract funding? Is it the number of students involved in the CDC work or the number of communities served that makes a university-affiliated CDC more effective? Is success about to what extent design centers fulfill their mission? Which measures are relevant indicators of a CDC's success? Considering the complex and controversial effectiveness literature on nonprofit organizations, establishing an assessment framework for CDCs requires examining the specific organizational attributes, goals and contexts within which these centers operate, rather than adopting one of the models already used in other types of organizations.

In order to explore how CDCs become successful, how they change or fail to change to become successful, and even how the understanding of success evolves, this research firstly looks at self-defined success measures of CDCs. This chapter reports the findings of a survey investigating what it means to be a successful CDC from the perspective of the organizational leadership. This survey was aimed at:

- establishing success criteria used by CDCs,
- understanding whether current CDCs have developed and been using any metrics to measure their success, and
- exploring whether any organizational characteristics influence these success definitions.

The survey outcomes are used to construct a detailed model of success definitions specific to CDCs, which then provided a foundation for the second-phase research design.

### **Descriptive Data**

**Types of organizations.** The majority of the responding organizations were affiliated with some type of architecture school/college (66.7% - 20 centers), whether they are associated only with an architecture school, or a college of various design and planning programs. One of those 20 centers was also a design/build studio. Thirteen percent defined themselves as a CDC affiliated with a university, but not with an architecture school; 10.0% as a community design, service or engagement program, 6.7% as a community design studio; and 3.3% as a design/build studio (see Table 1).

Table 2

*Types of Community Design Initiatives*

<b>Types</b>	<b>Response Percent</b>	<b>Response Count</b>
A Community Design Center affiliated with an architecture school/college	66.67%	20
A Community Design Center affiliated with a university, but not an architecture school	13.33%	4
A community design program	10.00%	3
A community design studio	6.67%	2
A design/build studio	3.33%	1

n = 30

**Organizational age.** The average organizational age was 15.8 years. The founding years ranged from 1968 to 2005. Thirty percent of the organizations were founded after the 2000s. Seventy percent were opened less than 20 years ago, and only 6.7% were from the 1960s. Table 3 shows the distribution of the age of respondent organizations.

Table 3

*Number of CDCs by Year Founded*

<b>Year Founded</b>	<b>Response Percent</b>	<b>Response Count</b>
1965-69	6.7%	2
1970-74	0.0%	0
1975-79	3.3%	1
1980-84	6.7%	2
1985-89	13.3%	4
1990-94	10.0%	3
1995-99	30.0%	9
2000-04	26.7%	8
2004-09	3.3%	1

n = 30

**Scope of work.** A great majority of the respondents (90.0%) mentioned that they engage in some type of design and construction service provision to their communities even if they cannot provide full architectural services. The other top two areas of work they are involved in include research and policy analysis (83.3%) and planning services (76.7%). Table 4 lists all types of activities they centers are providing.

**Size of organizations.** The survey collected data on different ways of assessing the size of the CDCs, including number of full-time staff members, number of part-time non-student staff, number of affiliated faculty, and number of student staff members. Even though the average number of full-time employees in the respondent centers was 3.45, 24% of the organizations surveyed had no full-time employees. Sixty-two percent had one to five full-time staff members. Seventy-six percent of the organizations involved less than five affiliated faculty and 69% had less than five student staff. Table 5 shows the range of organizational sizes due to different types of employees.

Table 4

*CDCs' Scope of Work*

<b>Types of provided services</b>	<b>Response Percent</b>	<b>Response Count</b>
Design and construction services	90.0%	27
Research and policy analysis	83.3%	25
Planning services	76.7%	23
Professional education for architecture/design/planning students	73.3%	22
Public education	73.3%	22
Advocacy	63.3%	19

Table 5

*Organizational Sizes of CDCs*

<b>Staff numbers</b>	<b>Mean</b>	<b>SD</b>	<b>Median</b>	<b>Mode</b>	<b>Min.</b>	<b>Max.</b>
# of full-time staff	3.45	4.21	3	0	0	18
# of part-time staff	0.71	0.71	1	0	0	2
# of affiliated faculty	3.64	4.25	2.5	1	0	20
# of student staff	4.59	5.41	3	0	0	20

**Organizational leadership.** The survey asked about the professional background of the director and for how many years s/he has been leading the organization. 75% of the directors had an architecture background, followed by approximately 14% with planning background (Table 6). Duration of the leadership ranged between one year to 25 years with an average of 8.20 years (SD=6.60; median=7; mode=4).

Table 6

*Backgrounds of Current Directors*

<b>Professional background of the director</b>	<b>Response Percent</b>	<b>Response Count</b>
Architecture	46.43%	13
Architecture & Planning	10.71%	3
Architecture & Urban Design	10.71%	3
Architecture & Environmental Psychology	7.14%	2
Planning	14.29%	4
Landscape Architecture	3.57%	1
Landscape Architecture & Community Design	3.57%	1
Community Design, Historic Preservation & Environmental Management	3.57%	1

**Governance.** The survey also explored the availability, size and composition of boards. This analysis would have been useful if board influence was mentioned as substantial in success definitions of CDCs. However, as it will be discussed later in this section, the organizations did not mention their boards as contributing to their success definitions. Moreover, almost 60% stated that they don't have boards.

### **Success Definitions**

Only 34.5%—10 out of 29 responding centers—indicated having formally defined what 'success' meant for their organizations. The survey also inquired whether those definitions have changed over time. Twenty-five percent said their definitions changed while 39.3% said they haven't. Thirty-six percent mentioned that they did not know about past definitions.

When presented with the list of 12 factors with the option to add other criteria, almost all respondents marked impact of the community design work on social/economic conditions of the larger community (96.4%) followed by impact of community design work on students' norms, values, civic action (75%). These are followed by activity-level criteria for community service: number of people served (also 75%) and number of projects completed. The fifth most-mentioned success indicator was the number of students trained by the CDC (60.7%).

**Comprehensive success model for CDCs.** Taking the 'impact-activity-capacity' framework by Sawhill & Williamson (2001) as a basis, responses to the open-ended questions about success definitions were systematically analyzed by breaking the textual material down into units, arranging those statements by noting

the categories into which they fall, and counting the frequency they mentioned by different centers. When data bore on more than one category, it was included in all relevant categories. Those categories were then merged with the responses to the closed-ended question with the list of 12 factors which were also grouped accordingly. These two questions were used to form a comprehensive model of success criteria currently employed by CDCs (see Table 7). Community, academic, professional, and personal areas comprise the impact-level success measures for CDCs. Activity-level success measures relate to the program outcomes regarding community service and professional education. Human capital, financial capacity, social capital, and longevity constitute the areas for capacity-level success definitions of current CDCs. Table 7 provides a detailed itemization for each level and area of success, along with the frequencies they mentioned by the survey participants.

Table 7

*Success Definitions of CDCs (N = 28)*

Areas	Success defined as: (#: times mentioned in the open-ended question)	% mentioned
<b>IMPACT (GOAL) LEVEL</b>		
<b>Community impact</b>	<ul style="list-style-type: none"> <li>▪ <b>Impact of the community design work on social/economic conditions of the larger community</b></li> <li>▪ <b>Community capacity building (10) via:</b> <ul style="list-style-type: none"> <li>– <i>Reciprocity of community and student learning (1)</i></li> <li>– <i>Incubating entrepreneurial centers around civic engagement, energy and preservation (1)</i></li> <li>– <i>Development of sustainable systems thinking in the community (1)</i></li> <li>– <i>Increased organizational and individual capacities of communities and community organizations (2)</i></li> <li>– <i>Advocacy of quality design on behalf of communities (1)</i></li> <li>– <i>Helping communities improve their quality of life (2)</i></li> <li>– <i>Helping communities and organizations in solving design and planning issues and needs (2)</i></li> </ul> </li> <li>▪ <b>Public/policy-level change at regional and state levels (4)</b></li> <li>▪ <b>Developing an understanding for the role of design in community development at the national level (1)</b></li> </ul>	<b>96.4%</b>

Table 7 (continued)

*Success Definitions of CDCs (N = 28)*

Areas	Success defined as: (#: times mentioned in the open-ended question)	% mentioned
Academic impact	<ul style="list-style-type: none"> <li>▪ Impact of community design work on architectural curriculum</li> <li>▪ Reciprocity of community and student learning (3)</li> <li>▪ Increasing students' capacities to work with underserved communities (2)</li> <li>▪ Strong and sustained university-community partnerships (1)</li> <li>▪ University recognition for the work of the students; serving as a model for others (1)</li> <li>▪ Developing an understanding among students for the role of design and planning in sustainable development (1)</li> </ul>	32.1%
Professional impact	<ul style="list-style-type: none"> <li>▪ Recognition/positive reception of CDC work in the professional realm (2)</li> <li>▪ Introducing students community design as a professional career path (1)</li> <li>▪ Students' learning from and communicating with a diverse society about their profession (1)</li> </ul>	
Personal impact	<ul style="list-style-type: none"> <li>▪ Impact of community design work on students' norms, values, civic action, etc.                             <ul style="list-style-type: none"> <li>– Empowerment for civic engagement (1)</li> <li>– Development of critical thinking about community issues (1)</li> </ul> </li> </ul>	75.0%

Table 7 (continued)

*Success Definitions of CDCs (N = 28)*

Areas	Success defined as: (#: times mentioned in the open-ended question)	% mentioned
<b>ACTIVITY (PROGRAM OUTCOME) LEVEL</b>		
Community service	<ul style="list-style-type: none"> <li>▪ <b>Number of people served</b> <ul style="list-style-type: none"> <li>– <i>Number of communities served (2)</i></li> </ul> </li> <li>▪ <b>Number of projects completed (2)</b></li> <li>▪ <b>Scale of projects completed (1)</b></li> <li>▪ <b>Implementation of plans and projects (10)</b></li> <li>▪ <b>Providing a participatory process (2)</b></li> <li>▪ <b>Completion of a project (2)</b></li> </ul>	<p><b>71.4%</b></p> <p><b>75.0%</b></p> <p><b>39.3%</b></p>
Academic outcomes	<ul style="list-style-type: none"> <li>▪ <b>Number of studios taught (1)</b></li> <li>▪ <b>Number of students trained (2)</b></li> <li>▪ <b>Faculty support (1)</b></li> <li>▪ <b>Student involvement in real community design/development processes and projects (3)</b></li> </ul>	<p><b>10.7%</b></p> <p><b>60.7%</b></p>

Table 7 (continued)

*Success Definitions of CDCs (N = 28)*

Areas	Success defined as: (#: times mentioned in the open-ended question)	% mentioned
<b>CAPACITY (RESOURCE) LEVEL</b>		
<b>Human capital</b>	<ul style="list-style-type: none"> <li>▪ <b>Number of people involved in the organization</b></li> <li>▪ <b>Increased knowledge and experience base (1)</b></li> </ul>	42.9%
<b>Financial capacity</b>	<ul style="list-style-type: none"> <li>▪ <b>Revenue generated by the organization</b> <ul style="list-style-type: none"> <li>– <i>Organizational growth (1)</i></li> </ul> </li> </ul>	46.4%
	<ul style="list-style-type: none"> <li>▪ <b>Amount of available funding (3)</b> <ul style="list-style-type: none"> <li>– <i>Amount of funding generated from served communities (1)</i></li> <li>– <i>Securing commissions and sponsorships to sustain the center (2)</i></li> </ul> </li> </ul>	42.9%
<b>Social capital</b>	<ul style="list-style-type: none"> <li>▪ <b>Constituency satisfaction and trust (4)</b></li> <li>▪ <b>Image and reputation (4)</b> <ul style="list-style-type: none"> <li>– <i>Recognition of the CDC work in the professional realm (2)</i></li> <li>– <i>Being recognized as a clearinghouse on community design (1)</i></li> <li>– <i>University recognition of student work and being model for others (1)</i></li> </ul> </li> <li>▪ <b>Networking -- expansion of the organization's audience (1)</b></li> </ul>	
<b>Survival</b>	<ul style="list-style-type: none"> <li>▪ <b>Longevity (4)</b></li> </ul>	50.0%

NOTES: Black text represents the criteria CDCs currently use to define success as derived from the closed-ended question (top 5 criteria in RED) Grey text indicates the success criteria derived from the responses to the open-ended question: “Whether explicit or implicit, how do you presently define success in your community design center?” along with the times mentioned by respondents in parentheses.

When asked which factors substantially contributed to the defining of center’s success, the top three factors most frequently marked were: (1) clients, (2) community at large, and (3) university administration. Table 8 lists the ranking of influential factors with respective frequencies. While the first two factors were related to the organizational goals of the centers in relation to serving their communities, the third one stemmed from their affiliation with universities. Respondents were also requested to specify which administrative units had an effect on those definitions. Among the 14 centers marked university administration, 28.5% mentioned both school and university-level (president, provost, chancellor, etc.) influence (see Table 9). The centers stating only college-level (dean) or only university-level influence were 21.4% each.

Table 8

*Factors Influencing CDCs’ Success Definitions*

<b>Answer Options</b>	<b>Response Percent</b>	<b>Response Count</b>
Clients	63.0%	17
Community at large	55.6%	15
University administration	55.6%	15
Social and environmental events that are critical at this time	51.9%	14
Cities in which we operate	48.1%	13
Funding sources	48.1%	13
Elected officials	29.6%	8
No, only the staff at the center defined success	11.1%	3

**Metrics in use.** Among the CDCs that responded to the survey, 71.4% stated that they have not devised any metrics to measure their success. When looked at success definitions, even though CDCs used more goal-oriented, impact criteria (whether at community or personal-level) as indications of success, the utilized metrics mostly involved capacity-level criteria and activity outcomes which are easier to quantify compared to measuring community, academic or personal impacts of CDC’s work. From the eight centers which mentioned to have success metrics, 50% referred to their financial capacity (budget, meeting operating costs and level of funding acquired) as one measure of success—i.e. *organizational capacity-level indicators*. Constituent satisfaction (another capacity-level criterion) and number of students and faculty involved in the center were among the other two most mentioned metrics (37.5% each). One of the centers also brought up number of awards received and number of adopted plans as a part of their metrics.

Table 9

*University Units Influencing CDCs’ Success Definitions*

<b>Units</b>	<b>Response Percent</b>	<b>Response Count</b>
Both School/Department and University administrations	28.5%	4
Only College administration - dean	21.4%	3
Only University administration – president/chancellor, provost, etc.	21.4%	3
Both College and University administrations	14.2%	2
Only School/Department administration	7.1%	1
School, College and University administrations together	7.1%	1

### **Addressing the Limitations of the Survey Results**

One of the initial objectives of conducting this survey was examining the relationships between success measures and organizational characteristics. However, no such patterns were observed in the survey responses. None of the nonparametric tests looking at how organizational attributes, such as type of CDC, scope of work, size and age of the organization, yielded in significant results.

Since the survey failed to provide distinctive categories of success for CDCs or significant differences in success measures of CDCs in relation to organizational attributes of concern, a re-strategizing process was deemed necessary regarding the second phase of the research. The initial intent was to select the cases for the second phase with respect to the typology to be developed from the survey findings to explore how these CDCs have changed over time. Since the survey results did not provide such differentiation in success definitions, a decision was made to further examine the impact areas and meanings of success for the selected cases to confirm, elaborate and explain the survey findings with respect to the influential factors, rather than primarily focusing on organizational changes.

## DESCRIPTIONS OF THE STUDIED CASES

This chapter provides brief descriptions of the seven CDCs that are explored in-depth in the second phase of the research. It aims to provide context for the second-phase findings by presenting the CDCs' organizational attributes, first individually, and then in a comparative manner. The organizational information for each CDC is compiled from the survey responses, mission statements, and data from the centers' websites, and complemented by the interview transcripts where required.<sup>4</sup> The case descriptions include information on CDC type, organizational age, location, scope of work, organizational leadership and structure, contexts of operation, board composition if available, definitions of success, and success metrics in use. To protect the anonymity of the respondents, a pseudonym was randomly assigned to each case, and identifiers were removed from the descriptions. The same pseudonyms are used in the following chapter where research findings are discussed.

### **Grayson State CDC**

Grayson State CDC is a community design program in the College of Design of a land-grant university in the Midwest. The College houses undergraduate- and graduate-level architecture, landscape architecture, planning, interior design and other design programs. Grayson State CDC is part of the university-wide outreach network, and funded through the University's extension service. It was founded in 2000 by the Dean of the College, with the aim of providing design and planning assistance to rural communities that otherwise would not have access to or be able to

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<sup>4</sup> Survey responses were available for five of the seven studied cases.

afford design services. One of the program's primary missions is enhancing student learning by providing outside-the-classroom learning experiences with real communities and under real-life conditions.

In order to receive services, communities or nonprofit organizations submit applications and are charged reduced service fees. Their projects have included city and county comprehensive plans, conceptual park plans, main street designs, wayfinding studies, GIS-based planning and modeling, with deliverables including reports, conceptual drawings and GIS data. The projects are usually undertaken in the form of semester-long service-learning courses. Occasionally, a community may sponsor a research assistant or fund a faculty member during summer for a project that would otherwise not be addressed within a service-learning course.

As mentioned above, the program is part of the University's Community and Economic Development Extension program which is directed by a person with a planning and sociology background. The only permanent staff of Grayson State CDC is the program coordinator with landscape architecture background who has held this position since 2001. The coordinator reviews the community requests, and connects the communities with faculty members who would like to use the proposals as outreach projects. In an academic year, on average, four faculty members are involved in the program's work.

For Grayson State CDC, success is primarily defined at the activity level: number of communities served, number of students who participate in CDC work, number of studio classes, related faculty that participate, as well as implementation of

their proposals in terms of physical improvements in the community. For student learning, the aim is teaching students how to work with communities:

[T]hey learn about gathering public input, they learn about interacting with communities. So they learn good communication skills and all of those interpersonal things that we all need to learn when we're developing job skills. Their learning is also increased because they have a real person or a real project that they're designing for, and it's not just something hypothetical that stays in the classroom.

The program administrator mentioned that a metric to measure success in terms of community impacts was currently being developed during the time the research data for this study was being collected. She also stated that the dean—who is an architect—was instrumental in writing the mission statement which has not been revised since the program began.

### **University of Payson CDC**

University of Payson CDC is a community design center located in a School of Architecture and Planning in a major urban research university in the Midwest. The School offers undergraduate and graduate degrees in Architecture and Urban Planning. Founded by the dean in 2000, the center is part of and funded through a campus-wide extension program. In addition to the campus-wide desire to connect the university and the community, University of Payson CDC was also founded as a response to design and planning-related requests that were coming from the neighborhood. The center mainly provides design and planning services by addressing the short-term design/planning needs of communities otherwise unmet, with the aim of providing physical improvements to the environment.

To receive services, communities file service requests which are evaluated by the administrative coordinator. The projects undertaken by student-led teams include neighborhood visioning, renovation/adaptive reuse, streetscape and landscape planning, design for special needs, urban green space planning and design and design education and training. The center does not provide full architectural services or undertake construction. The projects are funded through the university funds, gifts, grants and fees charged for services. The center also acts as a referral agent for the groups they serve, directing them to other resources available in campus and in the community.

The unique organizational structure of this CDC is that two graduate students manage the design teams and undertake the projects. Other students are hired on project basis. A typical design team is composed of about eight students. There are no faculty members or professionals in charge. The dean is listed as the director of the center, and the administrative coordinator with an Urban Planning background is the only permanent staff member. Other expertise is brought in when required. Currently, there are also three architecture faculty members who advise students regarding the undertaken projects. The center also has a 13-person advisory board, including community-based leaders, campus representatives, and people from the Department of Architecture.

The success definitions of University of Payson CDC fall into three categories: constituency satisfaction, student learning, and organizational capacity. The program administrator listed the center's success criteria as follows:

1. Satisfied clients: Do they get products that help them improve their physical environment and also teach them about how to evaluate and make changes to that environment in the future? 2. Students that work on the [University of Payson CDC] team gain knowledge of how to learn from and communicate with a diverse society about their profession 3. The knowledge and experience base of [University of Payson CDC] continues to build overtime despite staff turnover, budget cuts, resulting in a better organization and improved service.

She also mentioned the city in which the center operates, clients, community at large, elected officials, funders, and the university administration—particularly the Chancellor’s office—as factors that substantially influence the success definitions of the center.

### **Redington University CDC**

Redington University CDC is a community design center within the School of Architecture of a faith-based university in a major Midwest city that is suffering from an amplified version of urban problems of the US cities—a city with a shrinking population, many vacant lots and abandoned downtown buildings, high crime rates, and extensive urban transformation projects. The School has architecture, community development and graphic design programs. Co-founded by the Dean and an architecture faculty member in 1994, Redington University CDC engages in design and planning services including design/build, advocacy, public education, and research. The center works exclusively with nonprofit organizations, and all projects involve participation of the all stakeholders in the process. Following the establishment of project goals and participation requirement, a typical project incorporates a series of workshops to determine building quality, project budget, programmatic requirements, and building character and spatial experience. Focusing

particularly on the city neighborhoods, the center's mission is defined as providing advice and design services to low- to moderate-income communities by community collaboration with the aim of providing sustainable neighborhood spaces for all. The director also defined the center's focus as expanding the nature of architecture by including lower-income neighborhoods, disenfranchised areas, and 'engaging' throughout the process.

Since 2000, Redington University CDC is directed by an architect who also has an urban design background. The center has five full-time staff members and two student interns. Per academic year, typically two affiliated faculty members are involved in the center. The majority of the CDC staff holds architecture degrees; some also having backgrounds in community development, landscape architecture, urban design and social work. The center is mainly funded by grants and the reduced service fees charged for the projects. The university provides the space.

The center's success definitions include longevity of the center, number of people served, number of people involved in the center's work, and impact of the CDC work on the community and the curriculum. The director stated that their success definitions are primarily generated through the community stakeholders, but the city in which they operate, funding sources, and the dean have substantially contributed to defining the success of the center. The center uses community surveys throughout its processes to measure the effectiveness of their work.

### **Everton University CDC**

Everton University CDC is a community design center affiliated with a public research university in the Midwest. It is the College of Architecture and Urban

Planning's outreach arm as part of an multi-unit university-wide outreach center—including schools of education, art and design, engineering, public health, nursing, and social work, to name a few. The center was started in 2005 as the brainchild of the dean who wanted to be a part of this university-wide initiative, and directed by an architecture faculty member since then. The center provides fee-based or pro bono professional architectural and urban planning services, and is involved in academic education, advocacy, and research. The professional education component of the center is a graduate design studio that would meet in the city. The center also works with public high schools and runs an architecture exploration and mentoring program. Even though research is listed as one of the main components of the center, the director mentioned that due to time and resource limitations, the center lacks a comprehensive research agenda except for a couple of small projects undertaken occasionally.

The center's director has architecture and urban design background. The only other permanent staff is an urban planner. Other people are hired per project where funding allows. Everton University CDC is financially supported by the college, donations and service fees.

The center's success definitions involve effective community organizing via participatory processes, and the national reputation and funding generated via the high school program. The center's success was being formally evaluated by the former dean on a yearly basis in the first years, but the new dean did not expect such yearly reports. This could be partly due to the vision the new dean has for the center who prefers the center to be "more of a clearinghouse." The director mentioned that

the college administration formed a task force to determine how the center could use “a more systematic way of dealing with the city,” i.e. having the college focus yearly on a different aspect/project related to the city. He mentioned that community work would not necessarily be a part of this new direction, and he was not invited to participate in the task force.

### **Lynwood Tech CDC**

Lynwood Tech CDC is a community design center within the College of Architecture and the Arts of a major research university in a large Midwestern metropolitan area. The College currently has programs in architecture, various design areas including graphic design and industrial design, and performing arts. The planning department was part of the college when the center was founded in 1995 by four faculty—one from architecture, two from planning, and one from history. Lynwood Tech CDC was started simultaneously with a university-wide outreach initiative when these faculty members saw that design and the built environment were not included in the initiative’s agenda. The current director of the center who has been there since the beginning was interested in the center as a community outreach program. One of the planning faculty saw the center as a site of service learning, while the other two were looking for opportunities to conduct multidisciplinary research. The center is mainly involved in the provision of technical assistance to low-income communities, public education and multi-disciplinary design projects. The center’s work has focused primarily on the lower-income neighborhoods of the city. It also has a professional education component—a joint planning and architecture studio; and collaborates with K-12 school and other

universities to develop design education programs. The center has had limited college-level financial support as well as funding from the university's outreach program. Other major type of funding is the public and private grants. With its mission of "the study and practice of design in the public interest," the center seeks to improve the quality of the built urban environment, applying research and education to design practice, and furthering the social agenda of design.

The current director of the center has architecture and environmental psychology background. The only other non-student staff member currently involved in the center is a part-time administrative person. Typically 5-10 affiliated faculty members are involved in the center's work in an academic year. During the data collection of this research, the center had 3 student staff members.

The center's success definitions involve "Implementation of research, design and planning recommendations/proposals; increased organizational and individual capacities (of the organizations [the center works with]); similarly, students' capacities to work with underserved communities." The director also mentioned longevity and amount of available funding as measures included in the center's success definitions, and mentioned that the factors that played a major role in these definitions are the clients, funding sources, college administration as well the social and environmental events that are critical at that time.

Between the first- and second-phase data collection for this research, the director of Lynwood Tech CDC stepped down, and the dean decided to close the center's doors.

## **Sedona State CDC**

Sedona State CDC is a university-wide engagement program of a public university in the Midwest. The program is open to all majors and disciplines of the university, and works particularly with one historic urban neighborhood, notorious as a symbol of inner-city decline. The center's roots lie in an architecture faculty member's intent to do community-based teaching. He started by bringing architecture students to the neighborhood for small projects, such as a small sub-neighborhood plan or drawing a plan for a building renovation in the early 1980s. In 1996, these community-based projects evolved into a design/build studio model primarily due to student demands and their fund raising efforts. Later in 2002, as a response to students' requests to learn more about the community itself, a center located within that neighborhood was opened. Sedona State CDC is involved in design and planning assistance, advocacy, public education, and research, primarily through its service learning courses and design/build studio. Working with the nonprofits in the neighborhood, it provides a setting for multidisciplinary teaching and research projects for community's social, economic and physical advancement as well as a context to learn about and question the issues related to social justice and equity at personal and professional levels. A unique attribute of this CDC is its residency program which allows students from various disciplines to live in that neighborhood for one semester, taking courses, doing research and providing service. For architecture and interior design students, it involves the design/build studio while students from other majors work in various neighborhood institutions.

The program is still directed by the architecture faculty member who is also the founder. Another faculty member coordinates the design-build studio. A long-term resident and administrative member is the bridge to the community, and is involved in several parts of the program including teaching, telling the community's story to students, supervising students' service experiences, and running weekly reflection periods. Other faculty and community members also teach classes as a part of the residency program.

The center was initially started by an endowment to the university which also covered some of the design/build costs in addition to the funds generated by the students through bake sales who wanted to have the design/build component in the first place. Sometimes project costs are covered by nonprofits. The Dean's Office pays the rent of the building.

For Sedona State CDC, success lies in the learning outcomes of the process. The director mentioned that their success criteria included: "reciprocity in community and student learning; completion of design/build work; completion of community assistance and advocacy work; and community forums and conversations;" and listed community, and social and environmental events that are critical at that time as the primary factors influential in the defining of their success.

### **Fairbank University CDC**

Fairbank University CDC is a collaborative community design initiative of a large public university in the Southern US and a public state urban university in the Pacific Northwest. The program was started by an architecture faculty in 1986 by offering design and planning services to poor indigenous farmers. Students were

involved in the process in the late 1980s. At that time, the program was housed in another Pacific Northwest university, and moved to another school when the person who initiated the program took a position there. He officially founded the program in 1995 with two other architecture faculty members, allowing it to be an interdisciplinary and university-wide initiative.

Fairbank University CDC is mainly involved in design/build community studios at global and national scales, partnering with universities in the US, Latin America, Europe, Africa, and Asia. The program provides service learning opportunities to students, and design and construction services and capacity building opportunities to the communities they work with. As the co-founder and director stated, one of the key missions of the center is to bring out “an expanded version of practice, which includes social and economic development issues.” In that sense, student learning is not limited to learning design and construction skills and how to work with communities; but over and above that, it is about engaging them in “reflective practice” with a social agenda.

The initiative currently has a core group of nine faculty members, scattered in the partner institutions—“four architects, one professor of dentistry, one professor of medicine, one economist in Europe, and a philosopher in Mexico.” The center has no other permanent staff; graduate student assistants are hired on project basis and work around the world on different projects. At the time of data collection, there were 11 graduate assistants involved in the center’s projects in four different countries. The director mentioned that financially university support is limited; the

program relies upon public money less; and sustains itself with funding generated through grants, donors, and communities themselves.

For Fairbank University CDC, a main success measure is what students learn from the process. Its success definition also involves the changes in the profession, i.e. more community-based design build studios, and recognition of the value of their work among practitioner and professional organizations; and the capacity building of the communities they work with. Their work is also evaluated by the funding agencies for the quality of service provided to the communities and the impact it had.

### **Summary of CDCs' Organizational Attributes**

Table 10 provides a comparative summary of the cases chosen in the second phase of this study. This comparison is significant not only for illustrating the variety achieved in the sample in terms of the organizational attributes of the chosen cases; but also in demonstrating the flexibility the CDC model allows for the faculty members or design schools who wish to undertake community-based teaching and design work and to adapt it to varying contexts.

Table 10

*Organizational Attributes of the Studied CDCs*

	<i>Grayson State CDC</i>	<i>University of Payson CDC</i>	<i>Redington University CDC</i>	<i>Everton University CDC</i>	<i>Lynnwood Tech CDC</i>	<i>Sedona State CDC</i>	<i>Fairbank University CDC</i>
<i>Type</i>	Community design program	Community design center	Community design center	Community design center	Community design center	Community engagement program	Collaborative community design initiative
<i>Affiliation</i>	College of Design; part of university-wide extension program	School of Architecture & Planning; part of university-wide extension program	School of Architecture	College of Architecture & Urban Planning; part of university-wide outreach center	College of Architecture and the Arts	University-wide program within Department of Architecture & Interior Design	Department of Architecture of one university & School of Architecture of the other
<i>Type of institution</i>	Land-grant university	Public research university	Faith-based university	Public research university	Public research university	Public university	2 public universities
<i>Location</i>	Midwest	Midwest	Midwest	Midwest	Midwest	Midwest	Pacific NE & South

Table 10 (continued)

*Organizational Attributes of the Studied CDCs*

	<i>Grayson State CDC</i>	<i>University of Payson CDC</i>	<i>Redington University CDC</i>	<i>Everton University CDC</i>	<i>Sedona State CDC</i>	<i>Fairbank University CDC</i>	<i>Lynwood Tech CDC</i>
<i>Founder</i>	Dean	Dean	Co-founded by the dean and an architecture faculty member	Dean	4 faculty members—1 architecture, 2 planning, 1 history	An architecture faculty member	3 architecture faculty members
<i>Date started</i>	2000	2000	1994	2005	1995	2002; earlier programs in 1981	1995; the first program in 1986
<i>Scope of work</i>	Design and planning assistance, service learning courses	Design and planning assistance	Professional design and planning including design/build, advocacy, public education, research	Professional design and planning services, professional education, advocacy, research, high school program	Design and planning assistance, public education, multi-disciplinary research, professional education	Architecture and planning assistance including design/build, professional education advocacy, public education, research	Design and planning assistance and professional education via design/build community & housing studios

Table 10 (continued)

*Organizational Attributes of the Studied CDCs*

	<i>Grayson State CDC</i>	<i>University of Payson CDC</i>	<i>Redington University CDC</i>	<i>Everton University CDC</i>	<i>Sedona State CDC</i>	<i>Fairbank University CDC</i>	<i>Lynnwood Tech CDC</i>
<i>Contexts of operation</i>	Rural communities; state-level	Urban, state- level	Urban, primarily the city in which it operates	Urban, primarily the city in which it operates	Urban; low- income neighbor- hoods of the metropolitan area	Urban; a particular distressed neighborhood in the city	Urban & rural; national and global in marginalized communities
<i>Org. leadership</i>	Program coordinator with landscape architecture background	Administrativ e coordinator with urban planning background	Director with architecture and urban design background	Director with architecture and urban design background	Co-founder and director with architecture and environmen- tal psychology background	Founder and director with architecture background	Co-founder and director with architecture background

Table 10 (continued)

*Organizational Attributes of the Studied CDCs*

	<i>Grayson State CDC</i>	<i>University of Payson CDC</i>	<i>Redington University CDC</i>	<i>Everton University CDC</i>	<i>Sedona State CDC</i>	<i>Fairbank University CDC</i>	<i>Lynnwood Tech CDC</i>
<i>Size</i>	1 part-time coordinator, 4 affiliated faculty per academic year	1 part-time coordinator, 2 graduate student team leaders, other students hired on project basis; faculty advisors	5 full-time staff members, 2 student interns, 2 affiliated faculty per academic year	2 staff members including the director; others hired on project basis	2 staff members including the director and a part-time administrative person, 5-10 affiliated faculty, 3 student staff	3 staff members including the director, 1 D/B studio coordinator, 1 administrative member who is a long-term community resident; other faculty teach courses per semester	A core group of 9 affiliated faculty from partner institutions, graduate student assistants hired on project basis
<i>Levels of success measures</i>	Impact, activity	Impact, capacity	Impact, activity, capacity	Impact, capacity	Impact, activity, capacity	Impact, activity	Impact

Table 10 (continued)

*Organizational Attributes of the Studied CDCs*

	<i>Grayson State CDC</i>	<i>University of Payson CDC</i>	<i>Redington University CDC</i>	<i>Everton University CDC</i>	<i>Sedona State CDC</i>	<i>Fairbank University CDC</i>	<i>Lynwood Tech CDC</i>
<i>Primary success areas</i>	Improvements to the physical environment; students' learning to work with clients	Students' learning to work with communities; constituency satisfaction; increased organizational capacity	Participatory design processes and advising for sustainable neighborhoods; expanding the profession's clientele to include low-income communities	Participatory processes for community organizing; impact of the high school architecture program on other design schools and center's revenue	Improvements to the physical environment; students' learning to work with underserved communities; professional level changes, i.e. public-interest architecture; implementation of research	Reciprocal community and student learning including social, economic and environmental issues—value changes at personal and professional levels; completion of design/build work, advocacy and community assistance	Student learning including social, economic and environmental issues—value changes at personal and professional levels; professional level changes, i.e. public-interest architecture; community capacity building

## **PUBLIC SERVICE, CIVIC PROFESSIONALISM AND SOCIAL JUSTICE: A COMPARATIVE ANALYSIS**

There is a growing and compelling literature on why and how universities are forming partnerships with communities, and the promises and challenges of such collaborations (e.g., Axelroth & Dubb, 2010; Brophy et al, 2009; Fleming, 1999; Gilderbloom & Mullins, 2005; Marullo & Edwards, 2000; Ostrander, 2004). This study looks at community design centers (CDCs)—a particular model of university-community engagement primarily based on architecture schools, with the aim of understanding the values and main concerns that presently drive this community-based movement, how CDCs’ institutional, contextual and organizational attributes fostered different modes of success, and whether or how they have changed organizationally in response to internal or external factors. Of specific relevance to university-community engagement research community are the lessons learned from CDCs that have a long history of community service and engagement, in terms of: different organizational models employed by university-based CDCs for public interest practice, professional education, and scholarship; how they have grounded professional knowledge and education in real-world conditions; and strategies they have used to institutionalize and sustain engagement.

As explained in detail in the Research Methodology chapter, this empirical study is based on the comparative analyses of seven university-based community design organizations whose directors or administrators have participated in the in-depth semi-structured interviews—either conducted in person during the Architecture for Change Summit in Chicago in September 2010, or over the phone. The

comments of the participants were complemented with their responses to the self-administered survey that was distributed online to a nationwide list of community design centers, programs and studios, where the responses are available (for 5 of the 7 cases); and supported by other available sources, such as the websites of the centers, mission statements, and other documents.

Even though the cases have limited geographic dispersions (six being from the Midwest, and one being a collaborative program between two universities from the Southwestern and Western regions), the sample has varieties in terms of:

- Contexts of operation – i.e. urban versus rural,
- Scope of work – including design and planning services, advocacy, professional education, community education and capacity building, advocacy, and research,
- Organizational structures,
- Types of institutions in which they are housed, and
- Organizational lifetimes, with founding dates ranging from the late 1980s to late 2000s.

Based on the interviews, survey responses and document analysis, three key findings emerged:

1. The normative underpinnings and rationales for initiating and operating these CDCs vary and change in emphasis with respect to university's mission and goals, faculty's level of commitment and expertise, and physical and social circumstances of the institution; and those normative foundations

relate to the organizational models adopted by CDCs. While CDCs initiated by university administrations as part of universities' outreach programs emphasize public service and pragmatist learning approaches, centers directed by architecture faculty members tend to focus more on civic professionalism and social justice issues and attempt responding to the problems of the urban areas they are working in.

2. Different CDCs have achieved different modes of success. A theory of permeability is used to explain how CDCs' scope of work and processes filter through and result in changes in the institutional, societal, professional and personal 'membranes.'
3. Giddens' structuration framework is utilized to explain the incremental or substantial structuration processes CDCs have gone through in response to institutional and resource-based dynamics. Administrative support, external funding environment, reputation gained by successful projects, changes in human capital, and the trends in the profession and the higher education surfaced as rule- and resource-related factors enabling or constraining the enactment of knowledgeable agencies' structuration attempts.

These findings led to the proposal of a typology for the studied CDCs. This categorization stemmed from the normative stances behind the initiations of these CDCs, and the corresponding patterns of organizational models. The typology is used to underscore the differences and similarities among different approaches to university-based community design in terms of their scope of work, organizational

attributes, success areas, organizational strengths and weaknesses, and appropriate contexts for each type.

The main argument that emerges from these findings is that it is not possible to identify a singular model or best practice for CDCs. The strengths and unique potentials of CDCs depend on the alternative rationales, involved agencies, and their social, political and spatial contexts. However, capitalizing on the distinctive attributes of the institutional context (i.e. the university), it is possible to identify certain organizational attributes and argue for particular impact areas that would better serve the community-based and pedagogical goals of CDCs. The Conclusions chapter will highlight some possibilities for university-based CDCs with an interdisciplinary structure, pushing the professional, curricular, and institutional boundaries, striving for systemic change and social justice.

This chapter begins with a discussion of the different rationales for starting and operating university-based CDCs. The following section demonstrates the different modes of success CDCs have achieved at institutional, societal and personal levels. The third section focuses on how CDCs have changed over time and examines the internal and external factors influential in these changes. The last section is the typology of existing CDCs with respect to their normative underpinnings. This typology also discusses in which contexts each type can be most appropriate, as well as certain organizational lessons learned from each approach.

### **Underlying Rationales of CDCs**

From the data, four main rationales that guide today's CDCs surfaced. Even though all four rationales seem to be evident at varying degrees in the studied seven

cases, certain motives are more dominant in some and reflected in the organizational structure and nature of work they undertake. While these four rationales relate to issues of civic responsiveness and participatory design processes, the visions for university and pedagogy, profession of architecture, and society; and how to achieve those visions vary according to the emphases put on the rationales.

**Universities for Public Service.** The first rationale relates to the relevance of universities to their surrounding communities and also comprises self-interest of the university. As Harkavy (1997) stated, “real-world developments are ‘forcing’ universities, particularly urban universities, to become genuinely civic institutions devoted to solving the problems of our society” (p.333). In that sense, provision of university’s resources for public service to respond to the challenges faced by their cities, including poverty, crime and physical deterioration is a product of local and societal pressures. This is partially a result of university’s attempt to recruit and retain faculty, students, and staff. Even when the pressure to get involved in the immediate communities is not evident, the trend of community outreach affecting the institutions of higher education, i.e. changing the “ivory tower” mentality, coupled with the rise of service-learning since the 1980s (Stanton et al, 1999) forces universities to initiate extension programs to serve the public. Whether the schools are urban or rural, or whether they are in land-grant, public, research or faith-based universities, the research data demonstrates that these institution-wide motives of getting involved in or being visible to their communities are also apparent in the founding of CDCs:

Inspired by its land-grant mission, [Grayson] State University continues to invest its intellectual and organizational capital in support of the sustained development of its home state. As a result of this ongoing investment, the [Grayson] State University College of Design initiated the Grayson State CDC in August 2000. (Grayson State CDC; from its mission statement)

So the ... center is an initiative of the university. The university wanted to have a face in [Everton], and it felt that if it was gonna have a face in [Everton], it needed to have departments in there that already had connection to the city. (Everton State CDC)

One CDC director underscored the financial challenges faced by his university, mentioning that the university supports community outreach, but he also mentioned that “it really has to do with schools themselves finding ways to get out there”:

... the university is poor. We don't even have an endowment. That's almost impossible. I don't think there's a university in the United States that has zero endowment. We are entirely driven by tuition. So that's very, very unusual. If the students stopped coming, we would close our doors. And that's partly to do with we did have an endowment, but we spent it all for forty years straight. The university never had an increase of enrollment. Every year it kept losing students. It went from 12 to 15,000 to 5,000 students. So it still had all these bills and it was trying to...cause in the beginning, you say, “Oh, that'll change.” But it kept going and kept going, and it wasn't until last, like, the end of the '90s, beginning of the 2000s, that the university began to really say, “This ain't gonna change. We gotta do something about it.” (Redington University CDC)

The director of the Fairbank University CDC mentioned that how his university sees the outreach initiatives and service learning, and particularly the work this center was doing, as a way of gaining community support and bringing in money:

When I first started doing, you know, universities for universities and communities for communities. We're in the job of educating their kids, but not educating them. And there's a lot of situations of misunderstanding. But then, you know, since the '90s, the '90s all of a sudden the university ... realized we had the mechanics. We can't rely so much on public money. We have to actually rely more and more on community support, donors, and things like that. They've changed their relationship, and they love people like me, because I'm like...University ... had a huge financial campaign, and I was their poster child. ... So all these things you love, and it's like people say,

“Oh, wow! My kids are being of service to the community.” And that always brings in the money ...the relationships have changed. That doesn’t mean that they understand us any better, you know what I’m saying? But in the last few years, there’s been a big push for service learning in universities, because part of that—but also, that has brought in people from the outside who have a real commitment to service learning. The university has had to become more open to the community. And they’ve realized they don’t know how to do it, so they’ve been hiring crazy people like myself to help them engage communities. (Fairbank University CDC)

Four of the seven CDCs of this study were founded as a part of university’s outreach/extension programs, and initiated by the deans.<sup>5</sup> The CDCs’ being part of these programs could be an institution-wide decision, or a vision of the school’s deans:

[One] thing was to meet the university's goal, which it had to this program, and this interesting. ... [W]e had a very intensive year program at our campus, and decided what ways would be best for the campus to do outreach into the community, and design outreach was one of those that was selected, and that is how we came to be. ... campus-wide desire to get more interaction between our school and the community, and to find ways to make more of the contribution to the city of and state through outreach. (University of Payson CDC)

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<sup>5</sup> In addition to the four CDCs started as a part of university-wide outreach initiatives, a fifth one was started by a College of Architecture faculty member simultaneously with, but independent from the ongoing university-wide efforts of outreach: “At that time, at the same time my university was developing what it called the [Lynwood] Initiative (which was a university-wide initiative to bring the resources of the university to the communities surrounding the university) and at that time, those communities were quite distressed. And I sat on that committee—one of the committees for the start of that initiative. And one of the things that I saw was they were stressing things like education, health, and so on. But that the built environment was left out. They talked about the arts and culture, but there was no place where the lived environment was included. So I became the proponent for that, and became the proponent of starting a center that addressed that domain of impact” (Lynwood Tech CDC). However, differing from the other four; since this center was started and directed by an architecture faculty member, the rationales and underlying normative agendas were quite different in terms of the emphases on furthering the design profession toward a socially-responsive agenda and its rooting in theories of institutional and social change.

[T]he dean of our College was instrumental in forming the program and writing the mission. The goals and things that are stated in our program application. (Grayson State CDC)

And so the design center is simply one of fifteen, okay? One of fifteen departments. Now, the design center itself was the brainchild of the former dean of the College of Architecture and Urban Planning. And he wanted—because it could have been any kind of college face. It could have been, we're gonna teach classes here, and that's it. Or we're gonna have a computer center, so that when students come to [Everton] to do research, they can come over here and use the computers. But he chose to actually have a design center. So it was his vision for how we would interact with the city of [Everton]. So, you know, the umbrella organization, which is the [Everton Center], was the vision of the university. Our portion, which is the design center, was a vision of the dean. (Everton University CDC)

What differentiates two of those dean-initiated centers from the other two is the centers' being directed by committed faculty members with architecture backgrounds. The other two centers, Grayson State and University of Payson CDCs, list their deans as directors, and their operations are coordinated by staff members who are vital to the continuance of these organizations. The centers have affiliated faculty or faculty consultants. Students are hired on a project basis doing the work (University of Payson CDC), or faculty undertake the project with or without carrying out projects as service-learning classes (Grayson State CDC). For these two particular cases, where being part of university's outreach agenda and bringing university's human and other resources to communities dominate, the scope of work is primarily limited to technical service provision (design and planning services), parallel to the visualization of university's being a technical resource to their communities.

The difference in leadership (i.e. dean with a staff coordinator versus architecture faculty member) is significant in shifting the centers' emphases from

being part of institutional outreach agendas to professional responsiveness realm, and shaping the scope and nature of their work. This will be elaborated below as a part of the third rationale.

Another point that is worth noting is that design and planning services these centers can provide puts them in a distinctive position within this university extension framework. The service requests the architecture schools or faculty receiving from their communities which usually cannot afford professional services, or the existence of faculty members who had connections with the community or were already doing design-related work with the communities gives CDCs a unique place in university's outreach strategies: "it [the university] needed to have departments in there that already had connection to the city" (Everton University CDC). For example, the director of Lynwood Tech CDC was referring to her already existing community bonds for explaining how moving to a community center model was appropriate: "You know, I did pro bono work on the side and it was wonderful, and I developed absolutely fantastic relationships with public housing resident activists." Getting service requests also legitimizes the founding of these centers in the sense that they are not merely responses to top-down university administration demands, but also a community needs- and demands-based approach:

One was simply for our school to be able to respond in an effective way to requests we have that came in from neighborhood to help with design and planning. Projects that were fairly small in scale. ... And then our own internal need to deal with the situation. We were getting a lot of requests from the community and couldn't really respond to them effectively (University Of Payson CDC)

**Pragmatist learning theories.** The second rationale for CDCs is based on theories of pedagogy, particularly the Deweyan pragmatism of “contextual learning and the real-world application of theory” (Harkavy & Hartley, 2010). It is evident in the form of service-learning courses, design/build studios, or students going through community design processes as interns or student workers. This approach seeks personal and professional transformation of students, by learning design and communication skills via experiencing real world conditions, and designing for real clients/communities. The roots of these pedagogical rationales are different from the transformative service-learning or critical pedagogies of Freire (2000), Giroux (1994), or MacLaren (2000), in the sense that the objective here is not having a direct impact on contemporary social, economic or political conditions, but furthering the professional learning process and civic responsibility of students. Six of the seven CDCs in this study particularly emphasized student learning based on real life problems, dealing with complex social, cultural, financial and political dynamics through the design process: “the importance... for ... students to have a place to learn from the real world” (Lynwood Tech CDC). This is mostly about learning collaboration and communication skills, and preparing students to the real-life design process and office environments:

And they have to understand that this isn't a studio project where you are judged by how much you put into the project and how original and creative you are, but this is a project for a client, and we work specifically with that client. So you have to really give up something. You have to really give up ownership of this, because it's not yours. It's the client's which we're working with. Which is really a different perspective than when you're working in your studio. It is yours, so you make all the decisions you want. But here, you cannot do that. It's a different way of thinking about what you produce and what your role is as an architect in this project. (Everton University CDC)

[S]tudents who were coming back were actually working more collaboratively, and practiced more collaboratively. The studio culture is very competitive. And individual practice is very collaborative. So they're coming back and being very collaborative, and they were good talking to clients and things like that. (Fairbank University CDC)

Experience and tools. To make them more marketable to go work for the UN or an agency or maybe even work for a very progressive firm. (Fairbank University CDC)

[W]hether the students who work with us are rewarded in their understanding and view of what architecture is, and even planning and design, and that they've learned some of the basic skills of communication and management of working in not only real, but in complicated cultural situations. So you know, we work with the city. There is a lot of political stuff, a lot of political relating. ... That it's had a lasting impact, and that it's helped them to get jobs, and helped them to get through difficult times at the beginning of the work experience. (University of Payson CDC)

So it's just the bigger picture, that they are more aware of the bigger picture. And I think it makes them feel better about being an architect. They don't feel like they are up there in the sky somewhere. And I've had all kinds, I have had a couple of students, like one that was actually working for, he went into the planning and things, and more than one now. (University of Payson CDC)

[T]hey get to see what the political arena is like. (University of Payson CDC)

So they learn good communication skills and all of those interpersonal things that we all need to learn when we're developing job skills. ... Their learning is also increased because they have a real person or a real project that they're designing for, and it's not just something hypothetical that stays in the classroom. (Grayson State CDC)

In addition to developing skills to work with real clients, going hand in hand with the first rationale of university's public service mission, this is also about learning to provide service to communities and be professionals with civic responsibility:

I also think it's absolutely essential for students who are going to be professionals to not only have an opportunity to work on real world projects, but understand their civic—or if you prefer, social—responsibility to provide

some services to communities that can't afford to pay a professional appropriate fees. I think it sets people up, then, to be responsible professionals, and to provide a certain percent of their work on a pro bono basis, like the 1% solution. (Lynwood Tech CDC)<sup>6</sup>

Five of these centers have had service-learning courses and one particularly relied on students to conduct community-based design work. This technical learning dimension is especially dominant in the Grayson State CDC which is housed in a land-grant university. The director of the Fairbank University CDC also mentioned that his university is nationally recognized as a leader in service learning. It is possible to argue that when the center is part of the university-wide extension initiatives, an educational rationale primarily based on practical goals is more prevalent than the idealistic goals.

**Civic professionalism.** The third rationale is based on moving the profession of architecture toward a more civically responsive direction. Thus, it is about changing the profession, rather than the individual. This is about bringing relevance and legitimacy to the profession of architecture, parallel to Fisher's proposals for a "public-interest architecture" (2008).

Well, I think, you know, the profession in America, until recently has been highly uncritical and very stodgy. And that's been to the detriment of the profession, because we've painted ourselves into a corner, because we have slowly allowed market forces, contracts and regulations, everything, to reduce our impact to like 4% of the people. We only talk to about 3% of the population. And all of a sudden we find half of us unemployed. Well, we've made ourselves irrelevant, and now there's a huge push toward relevancy. (Fairbank University CDC)

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<sup>6</sup> Public Architecture started the 1% program in 2005. This initiative challenges architects to donate 1% of their billable hours to pro bono work and connects interested architecture firms with nonprofits in need of design services ([www.theonepercent.org](http://www.theonepercent.org)).

This motivation dominates in the centers directed by architecture faculty and that are primarily involved in providing architectural design services. *Firstly*, this rationale encompasses expanding the clientele of the architectural profession to include the underserved communities that usually cannot afford architectural services; i.e. “folks who are working primarily in distressed communities” (Everton University CDC). In the form of pro bono work incorporated to the practice of architecture at a certain percentage as suggested by the director of Lynwood Tech CDC or by charging reduced fees, distressed, lower-income or rural communities are provided access to design:

[T]he primary focus is expanding the nature of architecture. And it’s usually lower-income neighborhoods, disenfranchised areas, and so on. So that’s primarily what we engage in that process. ... the folks we engage more are those who have less income levels and less power. Those who are disenfranchised, whether by race, class, social status, however it is. Those who are typically not in the power structure. So it’s more or less the social distinction than a geographic distinction. (Redington University CDC)  
[I]t’s trying to expand the people that are practice engages. (Redington University CDC)

*Secondly*, the motivation is changing the process of architecture by adopting a more democratic, participatory process, where communities affected by physical design decisions also have a say in those decisions. Their goal is provision of a participatory design process where communities develop a sense of ownership with the final design (Everton University CDC). All of the seven CDC directors/administrators mentioned the incorporation of participatory design strategies to their processes and community engagement at varying levels. This rationale is most prevalent in Redington University CDC—a rare CDC with a capability of providing full architectural services, where the focus is on provision of design and planning

services by engaging the communities throughout the process. The center specifically emphasizes their “methods of engaging people” or “validating everyone’s opinion.” Thus, this is not necessarily about capacity building of communities, rather provision of designs that respond to the needs and aspirations of that specific community the center works with:

It’s one thing to get information and gather information. It’s another thing, what do you do once you have it? A lot of firms are getting information, and they’re listening. So it’s when you get it, like getting it at the beginning of the process so you can use it in your design. But it’s what do you do once you have it? How do you use it? And there’s several things that we do. . . . All different ways of trying to figure out how do we take that and use it and really make information meaningful in the design, so people don’t think—it’s not superficial. It’s the basis of the design. It’s the primary *raison d’être* of the design. (Redington University CDC)

*Thirdly*, this rationale includes changing the nature of the architectural practice in a way that social and economic dimensions of the design process and outcomes are considered by architects. It pertains to providing an “expanded version of practice” that encompasses matters related to social and economic development (Fairbank University CDC). Such motivation of a CDC underscores an architectural practice where architects are aware of and sensitive to the social, political and economic implications of the design decisions they make. For example, the director of Lynwood Tech CDC mentioned how she uses her center’s work to “try and point out that you could actually do quality design without it costing more. And how design contributed not only just to, again, the aesthetic value of a building, but to environmental, economic, and social sustainability.”

**Social change.** The fourth rationale is rooted in the theories of social change and justice, supported by the belief in the transformative power of mutual

learning and knowledge construction taking place via university-community initiatives. Such underlying principles are particularly evident in the Sedona State and Fairbank University CDCs directed by committed faculty members. In the interviews and in their own writings, the directors of these two centers mentioned the place of critical pedagogies in their community design teaching and practice. They see community design initiatives as processes through which students and communities come together with a potential to transform the institutions for a more just society, while improving the social, economic and physical conditions of communities they work with. The pedagogical aspect of the community design processes emphasizes reciprocal learning between students and communities through advocacy, design or other capacity building processes, supported by self-reflection. As the director of Sedona State CDC claims, while “trying to provide people power, resources,” the focus is trying to have students, faculty and the community “come to an understanding of the systemic relations between oppressor and oppressed.” It is the belief that with the daily experiences, reflections, and readings, and the relationships built between students and community members, people involved in the processes will develop an informed understanding of their worlds:

[E]veryone is affected somehow. Some deeper than others, but everyone gets affected. I think the students, for the community, just bring lots of energy and excitement. And sometimes it’s really also kind of interesting, as they start learning about the issues in the neighborhood, they start to get angry. They get pissed off. And then they get angry with, gee, nothing is happening fast enough, or the city doesn’t care, or corporations don’t give a shit, or whatever it may be. So they’ll get mad at that sometimes. They’ll get mad at the community leadership, like come on! We gotta go do something here! That sort of thing. So the community people actually call it a *just anger* [italics added]. Just like justice. A just anger, a righteous anger. It’s a good anger. And actually, that impacts the community’s leadership, the community’s

residents. That's what they mean by the energy and excitement and enthusiasm that come down. And when they start *to get the taste of social justice* [italics added], that really does kind of challenge the community people down there. Hmm, okay, okay. We'll follow your energy here and try and do something. (Sedona State CDC)

These CDCs try to spark this “just anger” and “the taste of social justice” in the students and communities through their work, and especially through students’ reflections on their experiences. This is the one of the bases for starting and operating these centers over and above the missions of mere service provision, which is about bringing a more civic understanding to the profession or teaching students how to build a brick wall. The directors of both centers repeatedly underscored the significance of critical reflections supported by theory to be able to achieve their goals:

I'm with the university. It's an educational mission. It's not like, “Students, you will do this and this is how you believe.” Like that works? That doesn't work. I mean, a pedagogue, a teacher, sets up the conditions, and you take responsibility for setting up conditions. You put people into those conditions, and hopefully learning occurs. And that's kind of what happens here. It's not a doctrinaire. You know, when that student said everything that made sense crumbled—that's kind of what happens. It wasn't just living there that caused that to happen. It was the reflections going on, it's the readings they're doing, and sort of the theory we're throwing at them, with the visceral life experiences that they're having and the relationships they're building and the conversations that they have. All of that inspires to sort of...they change. They switch. (Sedona State CDC).

Teaching students to, you know, have an experience which makes them reflect on their experience. It separates the discourse in their minds, so from there, they don't just take everything as received knowledge. But they reflect on what they're experiencing. And their reflections incorporate things that we've introduced them to, but not just practice. (Fairbank University CDC)

This pedagogical emphasis and the underlying transformative rationale give CDCs a unique foundation to focus their power into reforming the institutional

systems that are not operating properly. Even though not mentioned by most university-affiliated centers, this unique *raison d'être* could be the most powerful tool for these organizations and the partnerships they develop to make a difference. Or as the director of Fairbank University CDC mentioned, it could give them the motivation to “poke the system” rather than trying to adjust to it, and to say, “Are you awake?” While non-profit CDCs, design offices like Pyatok Architects that do socially-responsive design, or firms doing a certain percentage of pro bono work need to deal with other dynamics (such as financial restrictions) to sustain their organizations, such a grounding could give university-based CDCs housed in the protective institutional boundaries of universities a direction to actually better serve the public and educational missions of the universities, rooting for systemic changes—whether undertaking advocacy projects that could also have policy-level implications, research projects that can be tools to advise and persuade policy makers, or “risky” design projects that have the potential for community capacity building and empowerment to initiate change.

As mentioned in the beginning of this section, these four rationales are evident at varying degrees in all of the studied cases. Table 11 summarizes where these cases fall in terms of their underlying values and agendas.

Table 11

*Underlying Rationales for the Studied Cases*

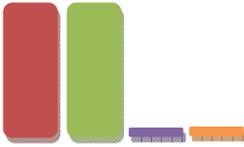
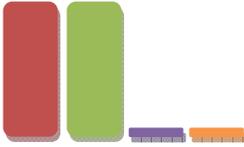
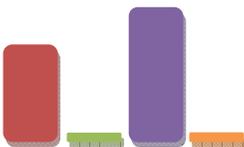
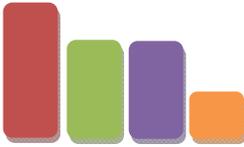
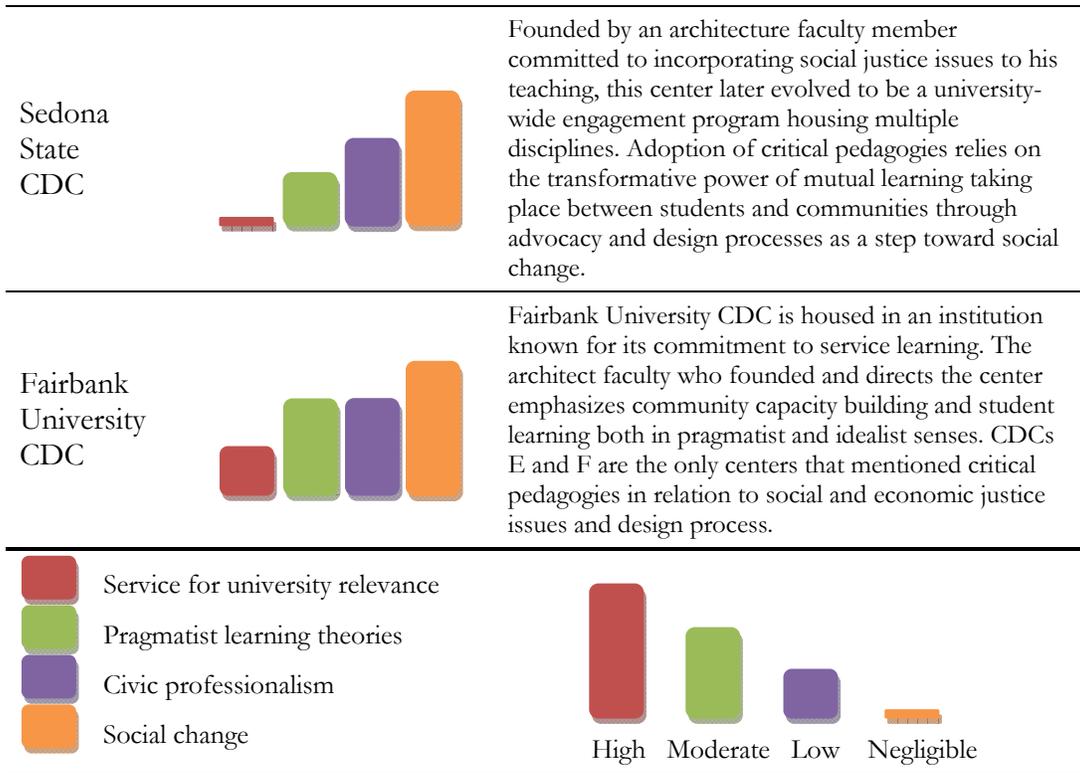
Center	Rationales	Notes
Grayson State CDC		In line with the University's land grant mission, Grayson State CDC is part of the University's extension programs. Founded by the dean and administered by a staff member, this center emphasizes provision of design services to rural communities, and student learning based on real life situations by service learning courses.
University of Payson CDC		University of Payson CDC is also one of its University's outreach arms. Like Grayson State CDC, this center is founded by the Dean and its projects are coordinated by a staff member. Its primary role is providing technical assistance to communities. All work is conducted by students, putting emphasis on their learning to work with communities and within complex political dynamics of the process.
Redington University CDC		This center is founded by the dean, but directed by an architecture faculty member. Specifically focusing on the urban problems and distressed communities of the area, with its capacity to provide full architectural services, the center emphasizes the civic responsibilities of the profession and adopting participatory design processes to respond to community needs.
Everton University CDC		Everton University CDC is one of the several outreach programs of its university, founded the dean to address the particular problems of its urban context via design service provision. The broad scope of its work allows the center's architect director to emphasize student learning in a pragmatist sense, participatory design processes, and advocacy for community capacity building.
Lynwood Tech CDC		Lynwood Tech CDC is founded by an architecture faculty who believes in the value of pro bono work as a part of the architectural practice. Even though the center was started parallel to the university-wide outreach initiatives, it mostly lacked administrative support from the college administration. Civic professionalism and social justice beliefs of its director shaped the center's scope around service and advocacy.

Table 11 (continued)

*Underlying Rationales for the Studied Cases*



And there are multiple routes chosen by these centers in the light of these rationales. The following section demonstrates the different ways university-based CDCs have succeeded in having in-depth impacts on institutional, societal, and personal levels.

**CDCs' Different Modes of Success**

Even though several success measures of CDCs pertain to activity-level definitions, such as the number of people served, projects completed or students trained, or capacity level definitions, such as the amount of funding generated or

constituency satisfaction, 96.7% of the CDCs that completed the survey defined their success in relation to “impact of the community design work on social/economic conditions of the larger community,” followed by “impact of community design work on students’ norms, values, civic action” (75%).

Of specific interest to this study are these impact-level success definitions and measures, with the aim of understanding how these centers tried and managed to have permanent impacts on institutional, societal, or personal levels. The concept of *permeability* is quite useful in explaining how the processes of CDCs succeeded in crossing these boundaries and having a transformative impact on these systems with some level of permanency. Utilizing this concept, this section exemplifies how the institutional, societal, or personal membranes were permeated by certain values, practices or structures of CDCs. It explores whether and how the institutions of the university, profession, or policies, or value systems of agencies—communities and students involved in processes of the CDCs—are influenced by these processes.

### **Institutional permeability.**

*CDC work permeating university membranes.* CDCs’ impacts on university institutions are apparent in two ways: (a) CDCs’ work in gaining reputation and acceptance in the university so that certain attributes of its work permeates the curriculum; and (b) the reputation earned by certain programs of CDCs resulting in their replication in other universities. For example, Sedona State CDC was initially a community design studio in the architecture school, but later evolved into a university-wide engagement program with administrative support, targeting not only

architecture students but various disciplines on campus. The director of Sedona State CDC also mentioned how other faculty are interested in teaching a course in their program—an indication of how the center’s processes changed how teaching and learning is viewed by the university:

[T]he program is becoming more known on the campus. And the effect that it’s having on students is becoming more and more known. And there are people who want to teach there, because they see that success. I mean, being in that community is so different. Talking about urban issues. And ... students draw in their visceral experiences to the theories that we’re talking about. You just get a better educational model. It’s a deeper learning model than what you can get on the campus. On the campus, it’s still mostly for the students’ intellectual exercise. (Sedona State CDC)

On the other hand, Everton University CDC has an architectural exploration program for high school students. The national recognition of the program and the funding brought in to support its operation helped similar programs get started in other universities:

Well, the high school program is a volunteer program. I don’t get paid for it. ... As a matter of fact, I got funding for that from the NEA. And the program was so successful that one of our alumni pledged \$100,000 to the program. So we now have a \$5,000 budget to run that program. So now that money doesn’t have to come out of my \$10,000 budget. So in that sense, it’s been very successful. It’s been recognized nationally. It’s been written up a couple of times in the newspapers and magazines. As a matter of fact, it’s been so successful that the college in Ann Arbor started its own summer program. And Lawrence Tech started a program. And there’s a gentleman who has started a program at Eastern Michigan University. None of which existed before I did mine. So I think we’ve been very successful. (Everton University CDC).

***CDC work permeating professional membranes.*** This high school program of Everton University CDC is also significant for another issue: attempting to bring certain segments of the population who are generally underrepresented within the profession of architecture into the profession. As Halsband (1996) stated,

“Professions change because new and different people enter them and interact with them” (p. 36). Traditionally, architecture is a gendered, classed and raced profession, and this is reflected in its practice, knowledge, and teaching (Stevens, 1998; Ahrentzen & Anthony, 1993; Davis, 1993). Stevens (1995) elucidated how the field of architecture has its own “favored circle,” as a social system favoring the favored, (i.e. who already has the symbolic capital). At the same time, architecture addresses this favored group with their professional service via producing “cultural capital” for them, which aids to confer power and status (Stevens, 1995; Bourdieu, 1986). By allowing high school juniors and seniors to explore the possibilities of a career in architecture, this program lays the groundwork for bringing in people who do not belong to the “favored circle”—people with potential of pursuing alternative ways of practicing architecture permeating the professional boundaries. Even though there is no empirical evidence yet to demonstrate this relatively new program has succeeded in introducing nontraditional agencies to the practice of the profession, this is still a significant attempt to permeate the professional boundaries.

The other types of influences CDCs have on the profession are through changing the nature of the design process, as well as the product, and by gaining acceptance in the profession by means of the awards received for their work.

CDCs have impacts on the way their alumni—former students that were involved in their work as interns, student workers, or via classes or studios taught by center staff—choose to practice design. At the very basic level, as mentioned by several centers, particularly by the University of Payson and Fairbank University CDCs, the alumni were “working more collaborative, and practiced more

collaborative” (Fairbank University CDC). But more importantly, they were looking to find ways to practice community-based design or have an impact in other areas bringing in the community design experience they gained getting involved in the CDCs:

[I]n a couple of cases, they worked for awhile with private companies, large companies, and didn't like it, because they couldn't work as close to the community as they wanted. But the other thing is that a number of them have been trying ...to develop a pro bono development program and ... in some of the other places they've gone they've been attracted to those kinds of organizations. (University of Payson CDC)

[T]hose young people who are out there ... in the field right now are actually literally the leaders of the next generation. And in the works, it's probably a program where they'll be co-leaders with faculty from Darmstadt or Barcelona or MIT or whoever. ... So in the first few years, something that came up was I'd bring back these students to, like, crazy challenge. They were like, “Man, this is what I want to do the rest of my life.” And people like Michael Pyatok he said, “The only way to address a problem is to have big firms like mine.” You know? And students were coming back and saying, “I don't want to work for Michael Pyatok.” He's known as a cookie-cutter in the field. It's the same thing. They're very bright, very articulate, very progressive, but they don't want to work for him. They want more community—more directly engaged. Not just a stretch. But anyway, so they were forming small design-build firms, and it began to be propagated all over Seattle. There were tons of small design-build firms. ... Fifteen years later, they've won a lot of awards. And it's like four of the most important young firms in the city were formed out of design-build programs. And there's like 20 of them that formed out of it, just in that area. And that was because they couldn't find jobs that reflected the kind of practice and kind of critical discourse we were having in the field, which I had addicted them to. So they'd come and complain and say, “Well, we've come back, but where do we do this?” (Fairbank University CDC)

The quotation above is quite significant for a couple of reasons. First, it demonstrates the influence the CDC experience had in the future career choices of its alumni in the sense of seeking alternative options rather than working for traditional for-profit firms. This resulted in the alumni starting certain pockets of

their own practice within the profession. Probably most importantly, this example reveals the critical mindset initiated in these young minds regarding professional practice that resulted in dissatisfaction with the work done by even other socially-responsive design firms like Pyatok Architects, a highly-acknowledged firm in affordable housing and community design. Rather than maneuvering within the system, the transformative, progressive way of architecture these people are seeking can be the seeds of systemic changes within the profession.

Another example of CDCs' impacts on seeking socially-responsive career paths is that one of the architects working at Redington University CDC whose work and commitment was mentioned several times by the director I was interviewing was actually trained in Sedona State CDC as a student.

An indication of how CDC work is finding itself a place within the profession with the potential of reshaping it is the AIA awards received by the people involved in these centers and their projects. For example, directors of four CDCs—two of whom have participated in both phases of this study and another one to the first phase—were recently awarded AIA's Latrobe Prize, a grant awarded biennially for "research leading to significant advances in the architecture profession" (AIA, 2011). The director of Redington University CDC also received an AIA award for his work. Even though the work and people involved in the CDCs were recognized by numerous awards, grants and fellowships for their designs and teachings, the awards from the AIA are especially important for demonstrating the acceptance they are gaining within the profession. Additionally, the experience in

CDCs is now recognized by the National Council of Architectural Registration Boards (NCARB) toward earning an architectural license (NCARB, 2009).

***CDC work permeating political membranes.*** CDCs permeate political boundaries adopting the roles of a facilitator, an advisor, or a social advocate. The works of Redington University and Lynwood Tech CDCs provide examples of how CDCs had impacts on decisions made by city and state governments at local and national levels. The facilitator role Redington University CDC was able to adopt was due to the trust it gained from the communities:

The conduit between the grassroots work and the top-down. As I was saying, at this sort of thing. Because there's a lot of work happening up here, and the city government of [Redington]. trying to do a new way of thinking about the city. They're engaging the public. And the people down here in the grassroots level are saying, "Why aren't you talking to the design center? Why aren't you talking to ...?" So they see us. The community sees us as that conduit that connects, whether it's because of vocabulary, that we can speak the lingo of designers and so on. But also because they see that they have a trust with us. So our work is more than just design work. It's also advocacy policy.  
(Redington University CDC)

Their work encompasses advising on policy-level decisions as well as educating the city on how to adopt participatory decision-making processes. In that sense, it is also about changing the vision of the city on how policy-level decision could/should be made:

[T]here're so many policies and decisions made before the architect or urban designer ever begins to design. Those decisions on what FAR<sup>7</sup> can be, or zoning can be, as you keep hearing. And parking ratios and so on. So what we want to do is also advise, which is what we've begun to do. I don't want to be mayor, at this point, or city council. ... But I do think that the advising

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<sup>7</sup> FAR (floor area ratio) is the ratio of total building floor area to the area of its zoning lot.

the city planning, city council and the mayor, which is what we're doing now, is appropriate, and we should be doing that. (Redington University CDC)

But we did a downtown master plan for a specific area of downtown. It's the first time the city of [Redington] had ever done public participation in their design process. So you could argue—and the reason why we took it on, it was outside our mission in terms of the people served, if you will, using that word. The people engaged. The social agenda. But because it was the first project the city had ever done that was about community engagement, we felt we can. And they asked us to do this. We could help them learn that process, so that maybe the next project they do in the neighborhood, which is more about where we would work, they would still do community engagement. And sure enough, when we finished that project ... they came to us and said, "We've never done this before, and now we see that all our work should be done this way." In fact, this whole city vision that they're doing is being done with very intense community participation, which is the first time [Redington] has ever done that. (Redington University CDC)

On the other hand, from an advocacy perspective, Lynwood Tech CDC developed an online clearinghouse on affordable housing best practices to combat NIMBYism and to demonstrate that "you could actually do quality design without it costing more. And how design contributed not only just to, again the aesthetic value of a building, but to environmental, economic, and social sustainability, and so on." Initially aimed at giving tools to architects, developers and non-profit organizations tools to fight NIMBYism against affordable housing and to show that high-quality and cost-efficient designs are possible, this project ended up having policy-level impacts in another state:

Looking at the contributions that architecture once again can make, but how current affordable housing programs, policies, etc. are really inhibiting that. So I've taken on sort of an advocacy role. ... I work with and have gotten to know a lot of the architects who do affordable housing in the city and in the region in [Lynwood]. ... [O]ur hands have been very tied by a lack of understanding of what we contribute to affordable housing, and so on. So I started to become an advocate around that issue. And that turned out to be more effective nationally than it was locally. For example, Florida adopted

the objectives that we set out, design objectives that we set out in the ... program. (Lynwood Tech CDC)

Figure 3 summarizes CDCs' different modes of success at institutional levels.

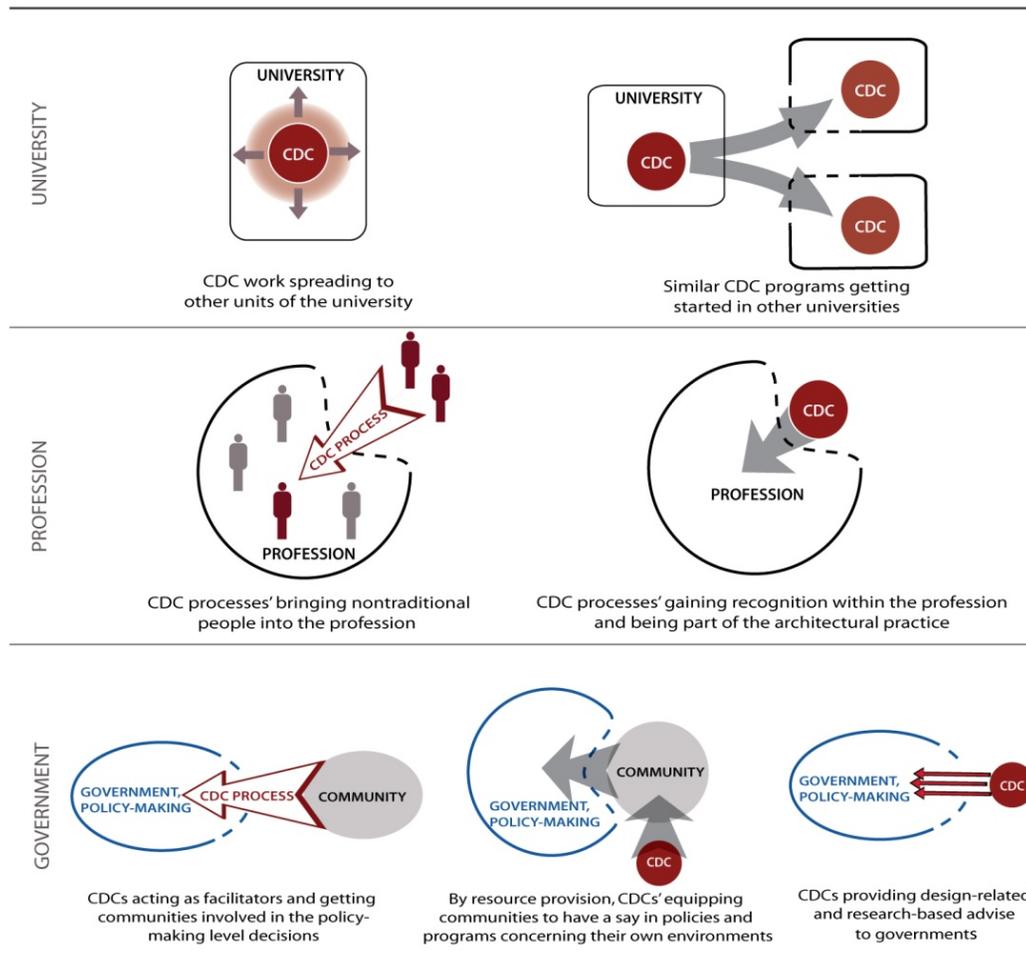


Figure 3. CDCs' impact areas at institutional levels.

**Societal permeability.** There are many examples of CDCs permeating the societal boundaries and transforming communities and community organizations.

Below are some cases showing how communities are affected by community organizing, and capacity building processes for communities and their organizations.

Here the term 'capacity building' refers to two approaches: (a) a community

development approach, as it relates to the empowerment process by helping communities identify what they need and want (Banks & Shenton, 2001); and (b) a strategic approach, “includ[ing] aspects of training, organizational and personal development and resources building, organized in a planned and self-conscious manner, reflecting the principles of empowerment and equality” (Skinner, 1997; qtd. in Banks & Shenton, 2001, p. 290). This study identified four different approaches adopted by CDCs for societal-level impacts: *resource provision*, *supporting community learning and organizing*, *training and skills building*, and *advocacy*.

Firstly, CDCs can get involved in *provision of accurate and usable information* to empower community organizations. The director of Sedona State CDC explains how the work undertaken by their students benefits that process:

So sometimes this means, like in the courses, rather than, gee, you want to write a paper as a student? Go write a paper, figure it out. Do something that’s about a relevant topic in the community. That’s not how we approach it. We might approach it from the point of view of what kinds of areas of research, or what kinds of areas of knowledge does a nonprofit might need right now? We need some information on where is mixed income communities going on across the nation. Where they’ve been successful, where they’ve not. So we’ll kind of turn students loose on that kind of question. So it isn’t just students get to determine their questions. The community gets to determine the questions for the student research. And that helps in the community’s learning.

Similarly, Lynwood Tech CDC’s public housing-related work is another example of the process of how their design and research work supported the community organizations’ advocacy agendas through a needs-driven approach:

I participated in a conference that was held by and for public housing resident activists. I did a photo essay on the meaning of home. ... And someone found out about that and, because I was doing some pro bono work, I said, “Could I do a photo essay about that?” Because at that time, the notion of redeveloping public housing was buzzing around, and they wanted

to sort of dispel the notion that the current neighborhoods and buildings were not home to people. So in doing that, I took photographs of about 8-10 public housing developments, and I got to meet the leadership—again, both the official and indigenous leadership—and then I also...through that, people recognized that I was an architect and had certain skills they needed. And I just started getting phone calls from the leadership to help them. And I'm telling you, it was all over the place what I was asked to do. Anything from an architecture, from a buildings and ground assessment to a needs assessment. A resident survey of what they saw as the needs. To working on cost estimates for a proposal for a co-op retail center, and so on. So all of this was not driven by me. It was phone calls to me asking for my assistance.

Lynwood Tech CDC's above-mentioned affordable housing clearinghouse project is also used by nonprofits to advocate for affordable housing by providing them good examples of how it is done elsewhere. "[N]onprofits can now go in and download images from our site and say, 'Here. Would anyone know this is affordable housing?' And it truly does help to show the affordable housing can fit quite nicely, to the point where you won't even recognize what it is. People's arguments are diffused. Nimbyist arguments can be diffused. Not always, but it helps."

The director of Everton University CDC also gives an example of a successful participatory design process, where the center provided the community with the power and resources to organize and have a say about their neighborhood's future. This was a project for engaging the community to find out what the closed school buildings might become in future to support and serve the community:

[One of the schools] that we worked with really liked the process. We went through, I don't know, maybe at least a six, seven month process with the community. Really a participatory process. So they felt they had some ownership with the final design. They really liked the final design. And they have petitioned the city to take that school off the for sale list, and the city has done so. .... And they have now formed a 501-3C nonprofit organization to solicit funds to make their design a reality. And so we're helping them identify places where they might be able to get funds, state organizations. And we're primarily going to be the architect for this project as long as they

continue to want it to happen. So for us, that is a success. You've taken a community that was disparate, really hadn't rallied around anything outside of the fact that they were mad that their school had closed. And you've turned—through this process, through this participatory design process, you've turned them into an active, empowered agent for change in their own neighborhood. (Everton University CDC)

Secondly, this societal impact pertains to *community learning and organizing*, by giving communities a chance to tell their stories and reflect on themselves and what is going on in their communities, to support community learning, or via community organizing activities around CDCs' design projects. The former method is particularly prevalent in CDCs grounded on theories of social change and justice, i.e. Sedona State and Fairbank University CDCs.

[T]he students, when they come down and live, they start developing relationships with people. And sometimes this is just very everyday. But a person of the community will say, "Wow, in my engagement with students, I tell them my story." Which is a pretty big deal. I mean, when do people get to tell their stories? So they tell their stories, their histories, and that becomes more and more self-aware within that. So they share that history, they share their stories with those students, and by that process of exchange, they change. (Sedona State CDC)

The director of Sedona State CDC also underscores the influence of the "energy and excitement" students bring in to the community to catalyze this community learning process. He refers to the anger developed by students when they learn about the community as something that impacts the community's leadership and residents: "The community talks about it from the point of view like in the fall semesters, 'Oh my goodness, here comes ...University.' Because they know they're gonna get hit. But they also like us there. They want us there. That's part of the process, you know."

The director of Fairbank University CDC points to the mutual learning process through their interactions with the communities: “we did theater for a few years, where the community and us would perform theater, which was spontaneously written from all these narratives that everybody included. That was actually really powerful, you know. Women, taxi drivers, everybody had to participate, and it broke down a lot of boundaries. They played us, we played them. It was really amazing.” He also talked about how they treated their construction sites as “sites of learning” where communities get to teach what they know in the capacity building workshops, even if it is “how to make tamales.”

On the other hand, utilizing a parallel but different method, Redington University CDC approaches some of their design projects as community organizing activities—a process that builds a sense of community in the residents:

[T]hose ... projects are community organizing activities. It’s not about just creating an object there. Because they’re so temporary, and they get demolished. It’s about bringing people together. ... We do all those projects with residents and community artists, people from the area, around the house. And we have to be invited. We don’t just go pick a house and say, “The design center is big enough to say ‘let’s do it.’” It’s from the community [who] actually knows that we do these, and invites us. Would you do one in our community? So we see them, and they are—not just see them—they are community organizing activities.

The reciprocal teaching and learning process of Fairbank University CDC also relates to the third type of influence CDCs have on communities—by *providing training and skills building*. This also pertains to how CDCs vision their design projects, and demonstrates an evolution of the architectural mind of CDCs to a systemic mind, “to try to build an institution capacity of our not-for-profits” (Fairbank University CDC). The director of Fairbank University CDC tells how they approach

their design projects not as single buildings to be built, but as a process of capacity building in the community with respect to its “scalability”—i.e. replicability and continuity as well as the training process of the community members:

[W]e’ve been involved in creating programs and building solutions in housing. And that influence in the housing has actually come back and influenced our work—like schools and stuff like that. Now, when we build a school, we train people to maybe think about how to build a hundred schools. Or the building capacity of the women to build become like a unit of the schools. And we have these super successful ones in Mexico. We decided to do a library, and the women went crazy. We did three libraries. Anyway. But they formed a library board in this far community, and we became active in creating all sorts of libraries. Unexpected, but...so that’s kind of economic modeling and looking at how it survives, not just as an idea.

It can be argued that this skills building process is not limited to learning building skills, but also learning the skills to communicate and advocate about decisions relating to the physical environment from a design-related perspective, such as the community workshops organized by Redington University CDC about architecture:

We actually do a thing called Architecture 101. Actually, ... we call it Architecture with an Attitude. It used to be called Architecture 101, and we don’t like that phrase, because it sounds like we’re teaching. But we are going through giving a vocabulary, and we do it by walking through the neighborhood, and we talk about this and that. And then, because ultimately, it is about us leaving and them still having the tools to continue and talk about this, thought. So it is about building a vocabulary.

Fourthly, while CDCs provide the tools and resources to community organizations to advocate for themselves, sometimes they adopt the role of a *community advocate* themselves. As the director of Everton University CDC mentioned, siding with a university brings legitimacy to the process and more power to the community. In that sense, through these processes the university becomes a part of

the community itself. This is a role quite different than the advisor role adopted by CDCs to influence policy-level decisions, since this is about “adding our voices to the voices of the lower end”:

[B]ecause of where I decide to take my stand, the kinds of people I align with, the partnerships I’ve developed, all that sort of stuff. I mean, the infrastructure that’s gotten created with the center and the community...well, sometimes, this is totally beyond my control, but I take the responsibility of standing there, which may mean that people like mayors, council members really just don’t like me. ... If you take that stand. So if I think, you know, in this particular case, ... the attempt to move the drop-in center out of that neighborhood, which a lot of city council members want, the mayor wants, all that kind of stuff. I’m at war with those people. I mean, the idea of like trying to educate them, yes, okay. You could put it that way. But it’s already kind of an antagonistic relationship. (Sedona State CDC)

Figure 4 summarizes CDCs’ different modes of success at societal levels.

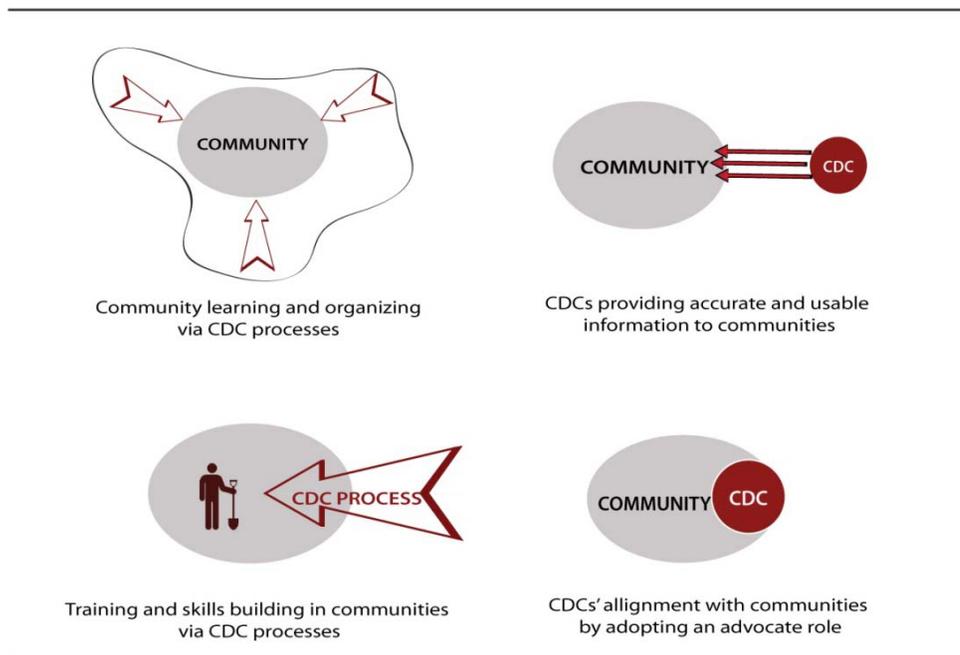


Figure 4. CDCs’ impact areas at societal levels.

**Personal Permeability.** One impact area of CDCs that go hand in hand with the agenda of professional civic responsiveness, but may be more important

than that, refers to the transformations in the value systems of people who are involved in the community design processes—particularly the students, because of the educational missions on these university-based organizations. The embeddedness in the community supported by the critical discourse gives students a chance to reflect on who they are, how the world operates in reality, and what they can and should do as citizens as well as designers. The indication of change in students' mindsets is evident especially in the reflection papers written by the students of Sedona State CDC, and the director of this center gives an example of how powerful this transformation could be for some students:

[T]he students probably grow the most in terms of a different perception about the world... Changing values. ... there's one student who, what he wrote hit me right between the eyes. He said, "I came out of the suburbs. Shopping malls, white picket fences. I didn't really think that poverty existed. I thought everybody can make it if they just try." And then he said, "... hit me like a bat hitting an apple. ... hit me like a bat hitting an apple." It's just a phrase that has stuck with me. He said, "Everything that made sense crumbled." And then [he] went on to talk about how he changed. And so that is hard work, you know, when you think about it. It's how do you let something wash over you? And so here's a kid who had a pretty assured mental framework that was white metal glass, and yet the experiences of living and working at ... just did not mesh with that framework. And so he had to let it fall. He had to let it crumble. And then began to re-stitch himself back together. That's not an easy thing to do. You have to let yourself do that. You have to recognize that there's a dissonance that I have to somehow figure out and correct. And I think a lot of the students go through something like that, to varying degrees. But it seems to me that no one is unaffected, you know what I mean? I mean, everyone is affected somehow. Some deeper than others, but everyone gets affected.

This could be the most powerful impact university-based CDCs have had from an educational perspective. By having students be a part of the communities CDCs work with, letting them develop actual relationships with them, and also allowing them to explore and understand the "the systemic relations between

oppressor and oppressed,” you give students the opportunity to “work against oppression by siding with the oppressed” (Sedona State CDC). This value change was mentioned by only two centers that participated in this research, both of which were directed by architecture faculty who align their teachings with the critical pedagogy framework. Even though this could be the center leadership’s intent to focus on design services or service learning goals, rather than social and environmental justice issues, it could be partly due to the necessity that to define your center’s goals at this level would require you “to be clear about the politics of academic work” (Sedona State CDC)—something that would result in diminished administrative support in certain cases.

As this section on CDCs’ different modes of success portrays, it is not possible to identify and argue for a particular area of impact that CDCs do or should focus on. These dispersed and sometimes intertwined areas of success reveals that each CDC strives to find its own ‘niche of excellence’ capitalizing on the unique expertise areas and interests CDC directors and staff have, such as architectural design, low-income advocacy, affordable housing or learning theories. This section attempted to demonstrate the different modes of success CDCs have achieved or strive to achieve by permeating institutional, societal and personal boundaries. These differences in impact areas are also due to the necessity for these organizations to respond to their social, political, economic, physical as well as temporal contexts of operation. For example, while one center was getting involved in the debates on how to redevelop public housing at a certain timeframe, its impact area later expanded to encompass issues such as urban revitalization of business districts. Or as one center

was fighting against gentrification processes in the neighborhood, another one was dealing with how to tackle foreclosed properties. While some centers get involved in recovery projects after Hurricanes Katrina and Rita, others were focusing on the needs of small rural communities. And these impact areas may shift their foci, totally change, and expand to incorporate other areas of operation over time due to changing social, physical, or economic factors as well as the people involved in the centers. This changeability in focus is a useful organizational attribute that gives CDCs the power to be flexible to respond to changing spatio-temporal needs of their communities, as well as to sustain their organizational existence. The following section on organizational changes will also explore how and why CDCs scope of work changes.

### **Organizational changes of CDCs**

By using Giddens' theory of structuration framework (1984), this section examines the macro and micro factors influential in organizational changes CDCs have gone through. As discussed in detail in Theoretical Frameworks chapter, Giddens' theory brings a perspective to study organizations as dynamic systems structured by "knowledgeable agencies" whose actions are enabled or constrained by the structures themselves—i.e. the "duality of structure" (Giddens, 1984, p. 25). In Giddens' theory, structures (which may refer to CDC's structure, school's authority structure, or the university structure) are composed of *rules* and *resources* organized as properties of social systems. Within the framework of this study, *rules* are broadly defined as "generalizable procedures applied in the enactment/ reproduction" of

CDC practices (Giddens, 1984, p.21), and comprise the patterns in CDCs' internal processes, design and teaching service provisions, external relationships with departmental and institutional authorities, funders, and communities. If we think of CDCs as structures related to and within other structures, rules also include their relationships within these broader systems (i.e. the school, university, community, city, profession, etc.). For Giddens, *resources* are allocative (nonhuman) and authoritative (human). They comprise "anything that serve as a source of power" in CDCs' interactions. They refer to intellectual, cultural, political, and economic capitals, and thus include expertise, visions, and emotional commitments of CDC staff, financial capacity of the organization, relationships with other university units, prestige or awards gained on the basis of CDC work. For Giddens, analyzing the structuration means studying the "conditions governing the continuity or transmutation of structures, and therefore the reproduction of social systems," where social systems "comprise the situated activities of human agents, reproduced across space and time" (p. 25).

In this theory, human agents are called *knowledgeable agencies* because of their knowledge of the rules that inform social systems and their access to resources at some level (Sewell, 1992). This gives them the power to act with or against the structures, with the possibility of transformative action:

[S]tructures both enable and constrain, but do not determine human action. Human actors always have the ability ... to act at odds with structures, whether intentionally or unintentionally, and thus to undercut or even to initiate change in the structures. One person may act differently without initiating change in the organization or institution, if other continue to act in the old pattern. If a person acts differently and if this other way of acting becomes institutionalized as a broader pattern, ... the new pattern has

become the operating structure—that is, the structure has changed. (Yates, 1997, p. 161)

By using the constructs of this theory, I will try to provide stories on the enabling and constraining properties of existing structures on the decisions and actions of knowledgeable human agencies, and demonstrate whether and how these actions resulted in structural transformations within the centers or the institutions in which they are housed. The way the data was collected provides only a cross-section from the histories of the examined CDCs—a timeframe limited to the respondents' involvements with the CDCs. In that sense, the events highlighted here does not necessarily reflect the most significant organizational changes in those particular centers, but the turning points perceived as most significant by the respondents themselves.

The interviews I conducted shed light on several occurrences unique to each organization's internal and external contexts. One way of presenting these data would have been telling the stories of each CDC separately. However, due to the limitations of this dissertation, here I chose to focus on the common patterns and conditions that currently seem to influence these organizations most. In line with the description of structuration analysis as studying the “conditions governing the continuity or transmutation of structures” and reproduction of organizations by the situated decisions and actions of humans; this analysis surfaced *administrative support, funding environment, trends in the profession and higher education, changes in human resources, and CDC's reputation* as common factors enabling and constraining the enactment of

knowledgeable agencies' organizational decisions. I have found three patterns in the structuration processes of the seven centers I examined:

1. *Some CDCs go through subtle process revisions, where the upper administration's role in the CDCs and funding structure of the organizations appear to sustain the structure as it is, and constrain knowledgeable agencies' motivations to enact change.* Grayson State and University of Payson CDCs demonstrate this pattern in the sense that coordinators of both programs mentioned the incremental changes they initiated on the procedures of working with communities (letters of agreements, nature of partnerships) or the internal processes (i.e. hiring of new staff, documentation of work). As mentioned before, both of these CDCs are part of university-wide extension programs, with coordinators reporting to dean's offices and without any committed faculty members. They are funded by these university-wide programs and service fees. This kind of structure seems to hinder any transformations in the existing organization as well as weakens the coordinators power to change the "rules." For example, Grayson State coordinator mentioned her intentions to change the nature of community relations in their service learning courses toward a more "reciprocal partnership, rather than as experts coming to town in a very high-handed way" by informing faculty on best practice examples and principles of community engagement.

However, she talked about a certain level of indifference from the faculty:

[F]aculty tend to design their courses independently, and may or may not be open to hearing ideas for other ways to do things. So all I can do is suggest different ways of addressing situations. ... But encouraging is about all I can do. (Grayson State CDC)

Similarly, coordinator of the University of Payson CDC mentioned her rejected proposal to the dean to restructure the program with a permanent community design person to teach and direct the program, with her knowledge on the insufficiency of the existing student project teams and the faculty advisor structure. However, not having access to enough authoritative resources prevented these knowledgeable agencies to enact the changes in their organizations, i.e. resulting in structuration as the reinforcement of existing rules and resources.

2. *In certain CDCs, institutional support (or lack thereof due to administrative changes) and external funding environment define success of knowledgeable agencies' attempts to sustain or restructure CDCs for effective responses to community needs, while these agencies use the reputation gained by CDC's successes to attract institutional support and funding to sustain the continuity of the centers.* For some CDCs, such as Lynwood Tech and Everton University, the structuration process is an attempt to balance the internal motives of effective community service and teaching with the external pressures of the upper administration and financial struggles. In both of these centers, the external factors limited their directors' structuration efforts. While Lynwood Tech CDC has closed its doors, Everton University CDC is evolving toward a direction away from its community-based goals and missions.

The 15-year organizational lifetime of Lynwood Tech CDC (which was eventually started by a foundation grant that was used to convince the dean to provide resource support for the CDC) demonstrates various examples of how college- and university-level administrative support fluctuated over time in relation to the funding environment. The director told how the new dean's art orientation with

inclinations further away from community outreach work has shifted the priorities of the college and decreased institutional support for the center when the funding resources became tight:

[W]e got a new dean—this was right before we got a large Fannie Mae Foundation grant that came directly to the center. The new dean was not inclined towards community outreach work. ... She was a curator at a contemporary museum. That was her orientation. And community work was a very low priority, and she let us know that. However, once we started, when we continued and actually brought the money directly—half a million into the center with the Fannie Mae grant, she became...I can't say favorable to community work, but more verbally, outwardly supportive of the work. But once the funding dried up, she returned to her generally disinterested...a certain level of disinterest. And ... as the university became pressured by the state, because they were receiving less and less money, she started pressuring us to bring more money into our unit. You know, the School ... does not have a lot of sources of funding. And we were one of the sources that had been bringing in the most money. So she put us under tremendous pressure to re-imagine what we were doing, and actually even talked about us working for for-profit organizations. We had always said we'd only work for government entities, not for profit. So there was a growing tension between the center leadership and the dean, largely because our missions were very different over the last few years. And then at that point, also planning, because it was having so much trouble raising its own money now as well, did not want to give one of their faculty to our college in a position that they thought was raising money for our college. So they withdrew from the center entirely. So really ironically that that funding environment, I think, was...wouldn't have been a death knell if I had stayed as director, I think, but once I decided to step down, there was no one there protecting the center any longer. ... .. And I should let you know that when she came in, she took back the \$15,000 that the prior dean had been giving us. So the dean was not putting in any of the funding. She was still contributing office space and the other infrastructure that went with the office space. But she was not contributing dollars. But because we were bringing in these very large funds from HUD and then Fannie Mae, we didn't have any conflict at all. In fact, she had nice things to say about the center at that point, but never put any dollars in again, other than the infrastructure. (Lynwood Tech CDC)

The Planning department's move to another college, i.e. restructurations at the university-level, was among the factors changing the organizational system:

It would have been better if we were part of the College of Architecture and the Arts, as well as the new College of Urban Planning. It didn't work out that way. It always created compromise to the person from planning, the co-director from planning, because it was our college that was getting credit for the work done—even if it wasn't on paper, because our university has a way of distributing intellectual credit. So planning did not have a big investment in our center, and certainly slowly pulled away as they were having the same difficulties with funding. And as units have more difficulty with funding, they become more territorial, rather than cooperative. At least, that's what happened with us. So eventually, planning pulled out. (Lynwood Tech CDC)

The director of this CDC also gave several examples of how the fluctuations in the financial resources (both internal from the university extension program and the college support, and external from public and private funders—especially HUD and Fannie Mae grants for university community partnerships) had shifted the scope and quality of work undertaken by the center and how they are viewed within the college. She also referred to an advocacy project that gained local and national recognition, stating that it made a huge difference in how the center was viewed by her colleagues.

Similar to Lynwood Tech's situation, the fate of the Everton University CDC (whose successful high school education program provided access to more authoritative resources) is also strongly influenced by the college-level administrative changes:

The new dean is not a big fan of community work in general. She doesn't understand it, she doesn't really think it's a viable thing. The new dean is also a Latina, and in my opinion, ... she wants to seem as if race is not an issue or concern. But how you can think race is not an issue or concern in [Everton] is to bury your head in the sand. She's not very comfortable dealing with those kinds of issues. So she would like to see the center to be much more of a neutral kind of entity that solicits projects that will then get distributed among the faculty. So it would be more of a clearinghouse than anything else. I am not interested in being any part of that at all. However, to the dean's

credit, she has turned the ultimate consideration of what the center is going to be over to the chair of the department and to the associate dean. ... And from what I know of the two—and I know less about them than I know about the dean, and she’s only been there for two years, so you have to take this with a grain of salt—but from what I know of the other two gentlemen who are really the ones who are going to mold this, they’re not interested in the model of the center as it is currently. One of the indications is that they’ve convened a committee, a task force, to ...to come up with a statement and a strategy for the college to...systematically engage [Everton]. So it’s not just whether a faculty member wants to do a studio or not, or somebody wants to do research or not, but every year there will be something that the college does that’s focused in and on [Everton]. That’s a more systemic way of dealing with the city. So they formed a task force to figure out how they want to proceed, what are the things they’re interested in doing, how to get the faculty more involved. To sort of re-think the whole shebang. I was not invited to participate in the task force. (Everton University CDC)

This is an indication that this particular CDC has been transforming to another organizational system with new rules and resources, where community design work will not be a priority. One of the factors influential in this process is probably the failure of this CDC to bring in external money from public and private funders. The director mentioned that since the center is basically a one-man show, research and systematic search for funding have fallen sideways—which also relates back to the organizational structure with limited human resources.

3. *Thriving CDCs “fill the niches” in the community, capitalize on intellectual resources, and “catch the currents” that support their organizational goals to gain institutional support—the current trend being multidisciplinary.* As discussed in the former sections, particularly two organizations, Sedona State and Fairbank University CDCs have been successful in terms of their longevity and impacts of their processes, and in sustaining university- and college-level administrative support. These two centers operate in very different

contexts—Sedona State CDC provides design and advocacy services within a particular low-income urban neighborhood whereas Fairbank University CDC conducts design/build and housing studios nationally and internationally. Their strengths come from the focused response to the immediate and long-term needs of the communities they work with. As emphasized by many directors, they chose where they can have the most impact. Obviously, choosing this impact area is closely related to the resources the center has. But these two centers chose to rely on a different type of resource in making these organizational change decisions, i.e. the students. Students' preferences and interest seemed to constitute significant turning points for both CDCs:

But in 1996, there was actually a group of students—there was three of them in a studio—and they said, “We want to do something real. We’re tired of doing all this hypothetical stuff. Let’s do something real. And we want to, like, design and build something.” So I put them in contact with the head of a nonprofit housing development corporation out there. And there was no money. There was a unit that they had difficulty renting. And so all of us kind of looked at this, and the students said, “Let us go at it.” And so I worked with the students, students were working with the organization. They raised money though cookie sales or whatever it is to buy little stuff. And a little series of small interventions, and they renovated this unit. They moved some walls around and everything. And at the end of that semester, everybody went, “We gotta do this all the time! This is like a really good idea.” So we started doing it every semester. (Sedona State CDC)

This studio continued for ten years where the students traveled to the neighborhood for design studio meetings. Then, students again influenced the organization's structuration process:

[S]omeone said to me, “This is really great. We’re learning a lot about architecture and designing and building, but we’re not learning that much about the community.” And I go, “Damn! They’re right!” So that’s what led to the idea of, you know, establishing a center. And again, I’m very tight with certain community people down there. It wasn’t like I started working on this

without their thought, you know. So started talking. I said, “I think I could probably do this.” And started to do that, mobilized the university to get some resources and things like that. And in 2002, we opened the center, which was also another design/build site. (Sedona State CDC)

[W]e started outside the country, and then it was those students who said, “There are problems in America.” And they brought me back to the United States. And it was like that we went to discover America, and it was like a foreign land, even to them. (Fairbank University CDC)

Additionally, directors of both centers’ underscored that they benefited from the synchronization of their organizational change decisions with the trends in the profession and higher education—particularly the service-learning movement in the institutions of the higher education and the design/build trend in architectural education. Fairbank University CDC’s director told how the administrative support he received changed in relation to university’s adoption of community service/service-learning stances. In the 1990s, when service-learning rose in institutions of higher education and when the university realized they have to rely on financial support from community, how the university viewed his CDC changed:

[T]he relationships have changed. That doesn’t mean that they understand us any better, you know what I’m saying? But in the last few years, there’s been a big push for service learning in universities, because part of that—but also, that has brought in people from the outside who have a real commitment to service learning. The university has had to become more open to the community. And they’ve realized they don’t know how to do it, so they’ve been hiring crazy people like myself to help them engage communities. (Fairbank University CDC).

[D]esign-build at that time was bubbling up. It was a real hot, sexy topic. And so it was kind of bubbling up everywhere as a cool pedagogy to.... You know, so there was that. That wave. And I was just catching that wave, you know, like it already started by other design-build programs that had been already up for a few years. So they were getting press, everybody was talking about it. And so yeah. There wasn’t any resistance at all. My chair was totally involved, my dean was totally involved. It’s like, wow, this is really great. Students were learning a ton, it’s really good use value, putting buildings back

on line for low-income housing needs. Who couldn't be for that? (Sedona State CDC)

In summary, it was a combination of focused community response, intellectual resources and institutional support leveraged by the trends in the profession and higher education that supported, rather than hindered, the knowledgeable agencies' structuration decisions.

### **A typology of university-based CDCs**

This section proposes a typology of the examined CDCs with respect to their normative underpinnings and corresponding organizational models. This typology stems from the normative stances behind the initiations of these CDCs and the corresponding patterns of organizational models. The comments of the participants were complemented by their responses to the self-administered survey that was distributed online to a nationwide list of community design centers, programs and studios, where the responses are available (for five of the seven cases). The claims are supported with other available sources, such as the websites of the centers, mission statements, and other documents.

This typology was developed parallel to the understanding of Weber's *ideal types*. In that sense, it should not be considered as a final categorization for CDCs, but rather a way of making sense of the studied cases.

An ideal type is formed by the one-sided *accentuation* of one or more points of view and by the synthesis of a great many diffuse, discrete, more or less present and occasionally absent *concrete individual* phenomena, which are arranged according to those one-sidedly emphasized viewpoints into a unified analytical construct. (Weber, 1949, p. 90)

The main objective of this empirically-grounded categorization is to present “the characteristic features of this relationship pragmatically clear and understandable by reference to an ideal-type” (Weber, 1949, p. 90). It does not seek to be a representation of a real CDC, rather to be a reference point in examining the actual organizations (Kim, 2007). Additionally, it is recognized that the real CDCs of the case study may possess attributes from other types they are not primarily associated with.

This categorization relates the normative stances and organizational attributes to the success areas achieved or sought by the organization. Building upon the available empirical data, it also provides an analysis of the contexts certain attributes of the types could be most applicable as well as the strengths and weaknesses of each model.

The typology comprises three types of CDCs:

1. CDCs for university outreach;
2. CDCs for activist architecture; and
3. CDCs for social justice.

The primary differences among those that constitute the foundation of this categorization are as follows:

*CDCs for university outreach* are centers or programs that are founded as a response to university-level missions of providing community outreach. These centers are initiated for Colleges of Architecture’s being a part of those ongoing efforts. In that sense, it can be argued that they have been founded to bring relevancy to the Colleges within those university-wide interests in serving the

community. The centers that belong to this first type were founded by the deans of the colleges as a part of university-wide extension programs, and administered by a staff person, rather than a faculty member.

The second type, *CDCs for activist architecture* were started as a response to the physical problems associated with the surrounding physical, social, and environmental contexts of the university, with the aim of being “citizen professionals” responding to the needs of communities. The cases that belong to this category might have been started by the Deans of the Colleges. But different than the first type, they are directed by a committed faculty member with a professional architecture background. They question the system of architectural practice, with the aim of altering or expanding how the profession is practiced. Participatory design processes and serving the disadvantaged populations constitute this type’s primary agenda.

Thirdly, *CDCs for social justice* seek a transformative agenda at a systemic level, whether it pertains to societal structure, individual- or professional-level changes. They aim at having a permanent influence via their outcomes and processes. Differing from the two other top-down approaches, these type of centers were started and directed by faculty members with professional architecture backgrounds who were initially committed to working with communities with advocacy and capacity building purposes in addition to professional service objectives.

Table 12 provides in-depth comparisons of the three CDC types.

Table 12

*A Typology of CDCs*

	<i>CDCs for University Outreach</i>	<i>CDCs for Activist Architecture</i>	<i>CDCs for Social Justice</i>
<i>CDCs represented by the type</i>	Grayson State CDC A; U. of Payson CDC	Redington U. CDC; Everton U CDC; Lynwood Tech CDC	Sedona State CDC; Fairbank U. CDC
<i>Main rationales</i>	Being university's outreach arm; enhancing student learning by allowing them to work with real clients under real-world conditions	Responding to physical urban problems; expanding the nature of architecture to include low-income communities; incorporating participatory processes to design-related decisions	Community advocacy and capacity building; enhancing students' professional and civic education by incorporating social and economic equity aspects into design; moving the profession to a more socially-conscious and responsive direction
<i>Affiliation</i>	Located within design schools, but part of university's outreach initiatives	Can operate as an independent center within design schools, or be part of university-wide outreach initiatives	Can independently be design school's outreach center to the community, and then evolve into multidisciplinary service/engagement programs
<i>Contexts of operation</i>	Local; state-wide; urban or rural	Local; city-wide; primarily urban	Local or global; urban or rural
<i>Clientele</i>	Non-profits; city governments	Non-profits; city governments	Non-profits
<i>Scope of work</i>	Design and planning services, design education	Professional design services; advocacy; research and policy analysis; public education	Design and planning services; advocacy; professional education, capacity building

Table 12 (continued)

*A Typology of CDCs*

	<i>CDCs for University Outreach</i>	<i>CDCs for Activist Architecture</i>	<i>CDCs for Social Justice</i>
<i>Founder</i>	Dean	Dean or design faculty	Design faculty
<i>Organizational leadership</i>	Administrative coordinator	Design faculty	Design faculty
<i>Organizational size</i>	1 administrative person; can have part-time student staff; faculty and other students involved on project basis	Varies; 1-2 design faculty or administrative staff members with others hired on project basis, or with permanent full-time staff members and interns (5 f-t members and 2 interns for the exemplary case) operating like a design firm	Affiliated core faculty of varying numbers; may involve and administrative or student staff; students complete the projects via studio or other courses
<i>Level of student involvement</i>	Extensive; via service-learning courses or as center staff	Limited; primarily as center staff; occasionally design studios	Extensive; primarily through design/build studios
<i>Primary funding sources</i>	Support through university's outreach initiatives, service fees	Grants, service fees, donations, limited college-level support	Grants, donations, funding raised by communities and sometimes students; limited college-level support
<i>Primary success levels</i>	Activity, capacity	Impact, activity	Impact, activity

Table 12 (continued)

*A Typology of CDCs*

	<i>CDCs for University Outreach</i>	<i>CDCs for Activist Architecture</i>	<i>CDCs for Social Justice</i>
<i>Primary success areas</i> <sup>8</sup>	<p>Activity-level: Improvements to the environment; students' learning communication and design skills</p> <p>Capacity-level: betterment of university's image for community service</p>	<p>Impact-level: Influencing policy-level changes and government-level decisions; bringing different practice models and clientele to the profession</p> <p>Activity-level: Improvements to the environment; facilitating community's participation to the design, planning and policy decisions</p>	<p>Impact-level: Changes in students' professional and civic values; empowerment/capacity building of the communities via advocacy and education; bringing different practice models and clientele to the profession</p> <p>Activity-level: Improvements to the living conditions of the poor</p>

<sup>8</sup> Success levels and areas are structured with respect to the 'impact-activity-capacity' model of CDCs that is presented in the former chapter.

Table 12 (continued)

*A Typology of CDCs*

	<i>CDCs for University Outreach</i>	<i>CDCs for Activist Architecture</i>	<i>CDCs for Social Justice</i>
<i>Strengths of the type<sup>9</sup></i>	<ul style="list-style-type: none"> <li>▪ Sustained college- and university-level institutional support; thus better chances of organizational survival</li> <li>▪ Efficiency of the process via the existence of an administrative person; decreased administrative load for faculty</li> <li>▪ Better documentation of the processes and products</li> <li>▪ Relative flexibility in project types as faculty/student/professional expertise is brought in as required</li> </ul>	<ul style="list-style-type: none"> <li>▪ Ability to focus and better respond to the unique conditions of the city</li> <li>▪ Ability to gain reputation in the professional realm via completed projects, increasing the financial capacity of the organization</li> <li>▪ Ability to bring in the voices of the community to policy-level decisions</li> <li>▪ More democratic design process</li> <li>▪ Work undertaken as a labor of love by committed faculty</li> <li>▪ Ability to provide full professional design services and undertake construction</li> <li>▪ Ability to capitalize on center staff's expertise areas</li> </ul>	<ul style="list-style-type: none"> <li>▪ Emphasis put on reciprocal student and community learning helps overcome power imbalances and the potential one-sidedness of the community design process</li> <li>▪ Sustained long-term community relationships and trust</li> <li>▪ Multidisciplinary approach to teaching and design processes</li> <li>▪ Significant emphasis on student learning from a critical pedagogy framework bringing the potential to influence future civic and professional activism</li> <li>▪ Universities' using CDCs' successes to improve their image and seek funding</li> </ul>

<sup>9</sup> Strengths and weaknesses are reported for the types within the contexts of the studied cases and extracted from the data.

Table 12 (continued)

*A Typology of CDCs*

	<i>CDCs for University Outreach</i>	<i>CDCs for Activist Architecture</i>	<i>CDCs for Social Justice</i>
<i>Weaknesses of the type</i>	<ul style="list-style-type: none"> <li>▪ For service learning courses, projects' being limited to academic semester</li> <li>▪ Lack of commitment from faculty, i.e. extra effort needed to engage faculty in the CDC's work</li> <li>▪ Cannot provide full professional services or undertake construction</li> </ul>	<ul style="list-style-type: none"> <li>▪ Weaker administrative support at college- and university-level</li> <li>▪ Longevity relies on sustained institutional support; most vulnerable to changes at the administrative level and the external funding environment</li> <li>▪ If CDC lacks focus and human and financial resources, exhaustion of faculty and inability to achieve all organizational missions and goals</li> <li>▪ Conflicts between CDC members and college administration most common in this type</li> <li>▪ Organization's survival usually dependent on continuing of the people who founded and are directing the CDC</li> </ul>	<ul style="list-style-type: none"> <li>▪ Strong alliances with the communities may result in hostility from local governments</li> <li>▪ Strong reliance on external funding with minimal financial support from university</li> </ul>

Table 12 (continued)

*A Typology of CDCs*

	<i>CDCs for University Outreach</i>	<i>CDCs for Activist Architecture</i>	<i>CDCs for Social Justice</i>
<i>Contexts in which the type can be most appropriate</i>	<ul style="list-style-type: none"> <li>▪ Where the university is expected to prove their relevance to and form partnerships with their communities, such as land-grant universities; or if there is an university-wide extension program already in place</li> <li>▪ Where the university/college mission involves student learning in real world conditions, and service learning is already a significant part of university curriculum</li> <li>▪ Where the college administration is interested in community-based design teaching and service provision; and is willing to pay an administrative person to coordinate the projects and community-faculty/student relationships</li> </ul>	<ul style="list-style-type: none"> <li>▪ Universities within/close to distressed urban areas; and helpful if the university sees the benefit of working with its immediate communities to improve the environmental conditions for faculty, students, etc.</li> <li>▪ Existence of design faculty who have the expertise, are committed to doing community-based design work, and willing to dedicate considerable amount of energy and time to the center</li> <li>▪ Faculty with professional design degrees or resources to hire staff who can provide full design services and/or supervise construction</li> </ul>	<ul style="list-style-type: none"> <li>▪ Existence of design faculty who are committed to social justice and socially-responsive practice, and sees the value in community-based reciprocal teaching and learning</li> <li>▪ University administration's openness to alternative pedagogical approaches</li> <li>▪ Institutions with multi-disciplinary mindsets</li> <li>▪ Faculty with professional design degrees or resources to hire staff who can provide full design services and/or supervise design/build studios</li> <li>▪ Expertise in and commitment to working with diverse and marginalized communities</li> </ul>

Table 12 (continued)

*A Typology of CDCs*

	<i>CDCs for University Outreach</i>	<i>CDCs for Activist Architecture</i>	<i>CDCs for Social Justice</i>
<p><i>Contexts in which the type can be most appropriate</i></p> <p><i>(continued)</i></p>		<ul style="list-style-type: none"> <li>▪ Sufficient initial funds to start and sustain the center till external resources are in place, or in times when external funding is tight</li> <li>▪ Organizational leaders and staff members who can generate external funding for the center via writing grants, publicizing center’s achievements, etc.</li> <li>▪ Organizational structure allowing back-up people in place to take leadership in case the founder/director steps down</li> </ul>	<ul style="list-style-type: none"> <li>▪ Organizational leaders and staff members who can generate external funding for the center via writing grants, publicizing center’s achievements, etc.</li> <li>▪ Organizational structure allowing back-up people in place to take leadership in case the founder/director steps down</li> </ul>
<p><i>Potential unique values of the type</i></p>	<ul style="list-style-type: none"> <li>▪ If the organization is structured in a way that students are in charge, they gain project leadership experience they otherwise wouldn’t gain before graduation.</li> </ul>	<ul style="list-style-type: none"> <li>▪ With the reputation gained in the professional realm via completed design projects, potential of leading to structural changes in the way profession is practiced.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Type with the most potential to transform curricular, professional, and societal structures with regards to social justice perspective.</li> </ul>

Table 12 (continued)

*A Typology of CDCs*

	<i>CDCs for University Outreach</i>	<i>CDCs for Activist Architecture</i>	<i>CDCs for Social Justice</i>
<i>Potential unique values of the type (continued)</i>	<ul style="list-style-type: none"> <li>▪ Students can learn the bureaucratic aspects of the design process while working with city governments.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Via research projects and advising, potential to influence public/policy level decisions at regional, state or federal levels.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Design/build studios teach students construction knowledge and skills they otherwise wouldn't be exposed to.</li> <li>▪ From an organizational perspective, the flexibility of organizational structures brings the ability to respond to changing internal and external factors—i.e. “catch the current,” and also responsive to student expectations.</li> <li>▪ Most appropriate for a multidisciplinary community-based work where students are also involved in the processes.</li> </ul>

Table 12 (continued)

*A Typology of CDCs*

	<i>CDCs for University Outreach</i>	<i>CDCs for Activist Architecture</i>	<i>CDCs for Social Justice</i>
<i>Potential problems for the type related to contexts of application</i>	<ul style="list-style-type: none"> <li>▪ Limitations in fostering long-term relationships with communities.</li> <li>▪ Problems associated with service learning courses, i.e. possibility of students’ unequally benefiting from the process at the expense of communities, or not able to fulfill project requirements within the semester timeframe.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Limited student involvement in the CDC limits the educational benefits of the model.</li> <li>▪ Financial reliance on the university/college administration coupled with changeable administrative support could cause CDC close its doors or change to a non community-based direction in times of financial and directorial struggles.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Design/build project limitations of the academic year timeframe.</li> <li>▪ The openness of the faculty on their ideological stances may bring in resistance from university administration in certain institutions.</li> <li>▪ Strong reliance on external funding rather than university support can bring challenges in certain economic times.</li> </ul>
<i>Organizational lessons learned for others</i>	<ul style="list-style-type: none"> <li>▪ Necessity of good documentation of the work for followers as well as communities</li> <li>▪ The significance of recognition and awarding of faculty involvement in the process to decrease the “burnout rate” (e.g. via seed grants or compensation during summer)</li> </ul>	<ul style="list-style-type: none"> <li>▪ “Fill the niche” and respond to the unique needs within your own community.</li> <li>▪ Publicize your work within professional realm</li> <li>▪ Act politically—“market” your work in a way that university administration uses it to leverage public support, donations, etc.</li> </ul>	<ul style="list-style-type: none"> <li>▪ “Catch the current” within the institutions of the higher education—i.e. design/build and service learning for the studied cases</li> <li>▪ Foster and sustain long-term relationships with the communities</li> </ul>

Table 12 (continued)

*A Typology of CDCs*

	<i>CDCs for University Outreach</i>	<i>CDCs for Activist Architecture</i>	<i>CDCs for Social Justice</i>
<p><i>Organizational lessons learned for others</i> <i>(continued)</i></p>	<ul style="list-style-type: none"> <li>▪ Value of having an administrative staff in the processes of screening the applications, writing grants, and other organizational duties</li> </ul>	<ul style="list-style-type: none"> <li>▪ Capitalize on the available expertise in the CDC, and focus your work; decide on where you can have the most impact</li> <li>▪ Have back-up/permanent staff members (at least two as suggested by some respondents)</li> <li>▪ Do not rely merely on university money or administrative support, especially for starting the center</li> <li>▪ Have a 5-year financial plan before starting the center, along with a commitment/support from your administration for that time period.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Value of multi-disciplinary work to better respond to community needs and to fulfill the educational purposes—“design alone is not sufficient to respond to community needs”</li> <li>▪ Being affiliated with a university (rather than operating as an independent firm) gives a CDC the power “to poke the system”</li> <li>▪ Have your university use CDCs’ successes as a way of publicize themselves and gain support within the society, which in return will reinforce the administrative support for the CDC.</li> </ul>

## **CONCLUSIONS: CDCS AS HUBS OF TRUE UNIVERSITY COMMUNITY ENGAGEMENT**

This study examined the conditions that foster or hinder success of university-based community design centers (CDCs) in the United States. The literature review showed that little is known about the normative underpinnings of CDCs, how successful these centers have been, which factors have contributed to or impeded their success, and how they have responded to the changes in social, political, professional and economic contexts.

The study adopted the theory of structuration (Giddens, 1984) and the impact-activity capacity model (Sawhill & Williamson, 2001) as theoretical frameworks to explore organizational successes and changes of CDCs. The research adopted a mixed-methods sequential design: a cross-sectional survey of CDCs on current definitions of success and metrics in use, followed by in-depth interviews with organizational leaders to document CDCs' stories of successes and histories of change or stasis. The findings are discussed under three sections:

1. The *normative underpinnings and rationales* for initiating and operating these CDCs vary and change in emphasis with respect to university's mission and goals, faculty's level of commitment and expertise, and physical and social circumstances of the institution; and those normative foundations relate to the organizational models adopted by CDCs. While CDCs initiated by university administrations as part of universities' outreach programs emphasize public service and pragmatist learning approaches, centers directed by architecture faculty members tend to focus more on

civic professionalism and social justice issues and attempt responding to the problems of the urban areas they are working in.

2. The *primary success areas* of CDCs vary among organizations. This research documents different modes of success achieved by CDCs. ‘Permeability’ construct is used to explain how CDCs’ scope of work and processes filter through and result in changes in the institutional, societal, professional and personal ‘membranes.’ These success areas include, but are not limited to, changes in the university structure/culture, community design being better recognized within the profession of architecture, CDCs’ influences in policy level decisions, community capacity building and organizing, and changes in students’ personal and professional value systems. These dispersed and sometimes intertwined areas of success revealed that each CDC strives to find its own ‘niche of excellence,’ capitalizing on available human and material resources and responding to their social, political, economic, physical and temporal contexts of operation.

3. Giddens’ structuration framework is utilized to explain the incremental or substantial *structuration processes* CDCs have gone through in response to institutional and resource-based dynamics. Administrative support, external funding environment, reputation gained by successful projects, changes in human capital, and the trends in the profession and the higher education surfaced as rule- and resource-related factors enabling or constraining the enactment of knowledgeable agencies’ structuration attempts.

Within the framework of these findings, a typology was proposed in the light of the examined CDCs, including: (a) CDCs for university outreach founded as part

of university-wide extension programs, to bring relevancy to architecture schools within the university-wide interests in serving the community, (b) CDCs for activist architecture started to further the profession of architecture by expanding its clientele to include low-income communities, and incorporating participatory design approaches (with the aims of bringing relevancy to the profession with a civic service agenda and a more democratic design process), and (c) CDCs for social justice that work with communities for advocacy and capacity building purposes in addition to professional service objectives, with an agenda of social and environmental justice. This categorization related the normative stances and organizational attributes to the success areas achieved or sought by the organizations. Building upon the available empirical data, it also provided an analysis of the contexts certain attributes of the types could be most applicable, and discussed the strengths and weaknesses of each model.

As communities and their institutions struggle with the profound economic, political, and societal changes taking place in the US and at a global scale and universities are expected to respond to these changes, where do university-based CDCs stand in this picture? Grounding on the key findings of this dissertation, I believe CDCs can be models of university-community partnerships for universities that are forced to reinvent their roles within these new dynamics. I argue that, as long as CDCs capitalize on the *intrinsic values and attributes* of being affiliated with a university and build upon a comprehensive understanding of “engaged scholarship” (Boyer, 1990; 1996)—rather than acting as independent design centers, they can be a response to the recent calls to the institutions of higher education for rethinking

their relationships with the communities. There is a vast body of literature on why universities should divert from the “ivory tower” mentality —where the university is aloof from and impenetrable to communities and where teaching and research are separated from practice and pragmatic issues concerning the society; build upon the spirits of the Morrill Act of 1862 and the Wisconsin Idea, and rebuild the social personae of academic professions through praxis (Checkoway, 1997; Taylor, 1997; Cooper, 1999; Benson & Harkavy, 2001; Harkavy & Hartley, 2010).<sup>10</sup>

As Bonnen (1998) argued, “the university has survived for nearly a millennium by creating new roles and adapting its mix of roles to fundamental changes in the nature of society and its practical needs” (p. 25). Historically, universities have responded to societal needs and intertwined with the social, political and environmental events of their eras:

- a) the colonial College of the 17<sup>th</sup> century preparing students for religious and civic leadership,
- b) universities of the 19<sup>th</sup> century with a focus of building the nation after the American Revolution followed by the land-grant act that added “practicality, and reality and serviceability” to the missions of higher education,
- c) universities as research engines during World War II,

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<sup>10</sup> The Morrill Act established land-grant universities and colleges to promote education of industrial classes, advance democracy, and improve the mechanical and agricultural sciences (Morrill Act, 1872). This purpose is probably best reflected in Charles McCarthy’s phrase ‘the Wisconsin Idea’ that proclaims, “The boundaries of the university are the boundaries of the state” (1912; cited in Harkavy, 2006). This corresponds to directing university’s resources to improving the lives of citizens across the state.

- d) universities educating the masses rather than the elite in the post-war era, and
- e) universities joining the civil-rights movements in the 1960s (Boyer, 1990; 1994; 1996, p. 19).

Boyer argued that higher education evolved to be a private benefit, rather than a public good (1994; par. 11), and has lost its historic public service focus by too narrow definitions of scholarship within specialized professions (1990, pp.12-13). In his seminal text, *Scholarship Reconsidered*, Boyer (1990) called for a new vision of scholarship for universities to remain vital to meet today's social and academic mandates—with four overlapping types of scholarship: scholarship of discovery, scholarship of teaching, scholarship of integration, and scholarship of application. Boyer (1996) later broadened his framework by adding the term “scholarship of engagement” which emphasized reciprocal practices of civic engagement into the production of knowledge. While the scholarship of discovery pertains to basic research, scholarship of integration means interpreting and contextualizing knowledge with a broader perspective of phenomena. Scholarship of teaching comprises transformation and extension of knowledge in addition to its transmission. Scholarship of application is defined as connecting theory and practice for public service. His call for an inclusive vision for scholarship comprises a dynamic interaction of these four aspects to form an interdependent whole (Boyer, 1990, p. 24).

In addition to this influential call for civic renewal of higher education, Boyer and Mitgang (1996) particularly focused on architectural education underscoring its prevailing disconnection from the larger concerns of the society, the professional practice and the other disciplines on campus. Their call for a new vision of architectural education included better connecting the profession and its education to social and environmental issues, making the connections within the architecture curriculum and with other disciplines on campus, diversity of types and philosophies of architectural programs, “standards without standardization” to establish a set of coherent expectations, partnerships between schools and the profession, and service to the nation. These goals closely overlap with the engaged scholarships of discovery, teaching, application, and integration.

The main argument that rises from the findings of this dissertation is that the CDC model has the potential to fulfill this comprehensive understanding of engaged scholarship for higher education, and could be a tool to reshape architectural education within this perspective. The different modes of success that CDCs achieved or strive to achieve provide indications of such potential, as well as the not-yet utilized opportunities of these centers. As mentioned above, I argue that such scholarship of true engagement can be reached if CDCs take advantage of the *intrinsic values and attributes of the university context*.

In this chapter, firstly, I elaborate on what I mean by those *intrinsic values and attributes of the university context* that give CDCs the power to be models for university-community partnerships. Secondly, using the success stories of the centers I studied, I discuss why, how and under which conditions CDCs can foster and sustain *true*

community engagement models within: (a) public service, (b) civic education, and (c) professional relevancy frameworks. Then, I underscore some lessons learned from the cases I studied that could be useful to other CDCs and university-community partnership initiatives. I conclude with my own reflections on this research journey and identifying future routes for inquiry.

### **The Primary Source of CDCs' Power**

There are several CDCs operating outside universities. There are non-profit design centers and design firms that are doing community-based projects. There are architects who do pro bono work for the ones who cannot afford design services. What distinguishes university-based CDCs from those?

I argue that while others put their professional expertise to the service of underserved communities, university-based CDC have the intrinsic capacity to change communities, higher education, and the profession for the better, by integrating “scholarships of discovery, teaching, and integration” with application. The research potential, pedagogical emphases, and multidisciplinary collaborations coupled with public service agenda provided CDCs with the opportunity to address social problems with a holistic perspective. Using the ‘structuration’ terminology (Giddens, 1984), I base this statement on the proposition that the “knowledgeable agencies” of CDCs (i.e. human agencies who possess the knowledge of rules and resources of the institution) have the capacity to respond to the societal challenges, enabled by the “authoritative and allocative resources” available within the university structure (i.e. the financial and material resources the institution possesses as well as

the knowledge, emotional commitment and the prestige the university has). This echoes Taylor (1997), who mentioned, “Without exaggeration, there is no other societal institution with such an armada of talent and resources to focus on the problems challenging America’s communities (p. 327).

When I asked about the factors contributing to the success of their centers, the directors pointed to several attributes related to being affiliated with a university. In addition to the financial power the university holds, there is no other institution that has such intellectual resources, i.e. a disciplinary palette to undertake multifaceted actions against societal, environmental and economic problems. The human capacity the university has allows fostering multidisciplinary relationships to deal with those issues. Among the seven CDCs I examined in detail, the two most thriving ones already have a multidisciplinary structure and already crossed the boundaries of the design disciplines—one of those having even trans-institutional partnerships, with the realization that design alone is not sufficient to respond to the multifaceted community problems. One other CDC director mentioned their plans to reshape the organization with a multidisciplinary structure, and another one underscored the fruitfulness of cross-disciplinary projects they were able to undertake when the funding environment allowed. Thus, one of CDCs’ primary power sources lies in the realization of the human capital the university has and taking advantage of the multidisciplinary collaborations.

These intellectual resources also comprise students—in addition to the manpower, the dynamism and idealism they bring to the process. As one CDC director expressed, “They bring some amount of can-do-ness that most of the time

is invaluable to make something happen.”<sup>11</sup> As discussed in the former chapter, students also bring the “just anger” when they see things are not happening when they should.<sup>12</sup> Even though students’ power is limited in these processes, directors of Sedona State and Everton University CDCs mentioned their impacts on community leadership and residents—a claim that needs empirical support. Obviously, there are limitations of relying on students’ experience, expertise and unpaid labor, pertaining to their limited power and understanding of how to engage in power relations, their other commitments which may diminish their pledge to this process, and their current stages in life. For example, the CDC directors mentioned certain situations of discomfort, indifference and arrogance from the student side—a challenge design educators need to be aware of, address and deal with.

Secondly, when communities have university-based CDCs at their side, the prestige the university brings to the table is incomparable to having a non-profit, volunteer or for-profit architecture firm. The university brings legitimacy to the process: “There’s a certain heightened level of status and legitimacy to what you’re discussing that requires people to take notice.”<sup>12</sup> However, this statement by the director of Everton University CDC is contingent upon the credibility the university initially has with the community or city. In certain cases, some large non-profits could be more credible than the university and its units.

Maybe most importantly, not having to operate as a business that is trying to stay afloat allows CDCs to keep a perspective that the bottom line is not about

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<sup>11</sup> From the interview with the director of the Everton University CDC.

<sup>12</sup> From the interview with the director of the Sedona State CDC.

economics. This study showed that there are funding concerns among CDCs and the institutional support they have is sometimes dependent upon external funding and their revenue. However, as the CDC survey indicated, these centers prioritize their community and educational goals over their financial capacity in their success definitions. This gives them the power to “poke the system” at the risk of annoying certain groups, rather than having to maneuver in-between to be able to achieve short-term goals and survive. Because, unlike for-profit businesses, for CDCs success is not about survival or the profit made by the organization, it is about the long-term and systemic changes achieved through CDC processes even if the particular CDC closes its doors along the way.

This alternative service and education model of CDCs has the potential to merge the historical service mission of the university, with the current service learning trends of the higher education that stemmed from Deweyan pragmatist learning theories and the “reflective practitioner” construct of Schön (1995) and the civic responsibility of the profession. As mentioned, the perspective provided in this study is of the CDC directors themselves. Accordingly, thus, the strengths of the model specified by them (including prestige and resources of the university, the human capital of students, and the advantages over being a non-profit or a design firm) should be approached with caution, and needs complementing these perspectives with those of others, such as university administration, students, community non-profits, and community members who received their services. The following section discusses why and how CDCs have been successful and can be models for other university engagement initiatives with respect to public service,

civic education, and professional relevancy frameworks. In line with the former statement, since these success stories were told by the leaders of these organizations, they need to be supported with empirical evidence and perceptions of other stakeholders.

### **Public Service**

When talking about service, it is significant to clarify what it means as the term is used to encompass various outreach projects of universities, including volunteerism. My understanding of public service is parallel to Taylor's (1997) in the sense that it is "work based on one's professional knowledge or academic expertise that concentrates on solving significant community problems in an effort to transform society" (p. 329). It necessitates an understanding that solving certain community problems requires structural changes in society. When I conducted the survey of current CDCs, 96.4% of the respondents mentioned that their success definition involves community impact --"impact of the community design work on social/economic conditions of the larger community." However, when I inquired what "community impact" really means for these centers, I saw that it can sometimes mean just providing design services to communities who cannot otherwise afford them, to improve their physical environments. However, I believe true public service is much more than that, requiring a holistic perspective on how social, environmental, political and economic systems are interconnected. It necessitates having an agenda for the betterment of the social conditions and institutions, and merging the professional design expertise with other fields, i.e. making use of

professional knowledge crossing the professional boundaries. And being within a university allows CDCs to do that. As one CDC director mentioned, independent CDCs are already out there and university-based ones cannot really compete with them in terms of providing design services, especially considering that most of the university-based ones do not have the capacity to provide full professional services.

Public service agenda of CDCs should also go beyond the notions of liberal do-goodism, charity or *noblesse oblige*. The true public service of university CDCs or other partnerships is not about volunteer academics and professionals adopting a band-aid approach to solve a particular problem of a single group and feeling good about it afterwards. As mentioned, it is about providing service using all available institutional resources with a larger social change agenda. Being affiliated with a university allows CDCs to possess a “concrete utopia” in the Blochian sense: reachable utopias that originate from present reality, with the aim influencing actual political activity (Bloch, 1986). “Concrete utopia is Bloch’s reformulation and further development of Marx’s concept of praxis, the unity of theory and practice; it is both goal and the actual creation of that goal” (Goeghean, 1995, p. 38). Differing from the ungrounded “abstract utopia,” concrete utopia “deals with possibilities which exist as tendencies latent within a given situation ... [and] explores the present situation to discover real possibilities for radical change” (Kellner & O’Hara, 1976, pp. 29-30). In that sense, being within a university allows CDCs to engage in “decentered utopianism [with] no single unified or totalizing ethical vision” (Hudson, 2003, p.6)—an understanding that recognizes that different utopias with no unified future coexist, and they can contribute to social reform with no totalizing mentality. Such

an approach would allow practicing community design with alternative perspectives, criticizing existing and idealistic arrangements, and testing ideas and proposals of what the alternative might be. And some CDCs attempt to do that in various types of projects.

With a vision that various institutions should transform for a more democratic and socially just society, certain CDCs target changes at policy, university, or community levels and use their community design processes or outcomes to initiate or set the groundwork for such changes. In their public service, they sometimes adopt advisor roles to influence the city or state governments and manage to change the visions of the city on how decisions should be made—for example, Redington University CDC introducing public participation to the city’s design processes. Sometimes, CDCs undertake community advocate roles and succeed in initiating policy-level changes with a more bottom-up process. For example, the affordable housing-related design suggestions and best case examples of high-quality and cost-efficient affordable housing solutions of Lynwood Tech CDC were adopted into the policies and programs of another state. As Redington, Everton and Fairbank University CDCs do, these centers also see their design processes as a tool to empower communities by capacity building of its members (i.e. providing training and resource building) and a method of community organizing with the intention that communities will eventually have the power to have a say in their own futures. However, at this point, there is no empirical evidence on the effectiveness of these intentions. These are the stated goals and perceptions of the CDC directors. Further

research is needed to complement the perspective of directors with that of the communities themselves.

In a shorter term, probably the most achievable institutional level changes are of the universities themselves. What I mean by that is changes in the university culture toward a more socially-responsive direction—i.e. in line with “the service to the nation” goal of Boyer (1996) and further away from the “ivory tower” mindset. As Lerner and Simon (1998) also claimed, university outreach requires a change in the dominant higher education culture that values research and graduate education over other types of university cultures, as well as faculty and student capacity building (p. 464). I believe the successes of Sedona State and Fairbank University CDCs are examples of how a program starting from a single academic unit can anchor to other parts of the institution and start to have long-term influences on how university roles are defined in relation to community. Both of these programs were started as community design initiatives within architecture schools and evolved to be multidisciplinary university-wide engagement programs. This is significant for not only being able to take comprehensive stances against community issues, but also penetrating to other structures of the university and fostering multidisciplinary community engagement initiatives. In addition to being multidisciplinary, Fairbank University CDC’s partnerships are also with other universities. These types of cross-institutional collaborations strengthen the community design projects they undertake by combining the human and material capacities of all involved universities.

To summarize, I argue that the *true* public service potential of CDCs lie not in their provisions of technical/design assistance to particular community groups

they work with to solve their individual problems, but in service provision with a “concrete utopia,” i.e. a holistic approach with the ideal to social and environmental justice, and reforming the societal institutions to tackle complex issues that urban and rural societies deal with by a holistic service approach building on knowledge generation, preservation, transmission and application. This kind of approach is possible within a university context because of the “allocative and authoritative resources” the institution possesses, and this gives university-based CDCs unique complementary power and differentiates them from other CDCs that need to operate as non-profit or for-profit business models with a survival instinct. Obviously, CDCs are also organizations with survival instinct, but as the CDC survey indicates, in university-based CDCs, the other impact and activity level success criteria precede the longevity measure. In other words, for several of these centers community impacts and program outcomes are more significant than the organization’s longevity. However, it is important to clarify one point: With this argument I am not suggesting that the community design service provided by university-based CDCs is superior to non-profits or other firms, which may have other capital resources, including expertise and political connections; but it is complementary and necessary.

## **Education**

Students are involved in CDCs in various ways: through studios or other courses, working as student staff, and doing internships. Probably no one would disagree on the value of the learning experiences students gain when they are

involved in design/build studios or work with real clients. Six of the seven cases in this study particularly emphasized student learning based on real life problems, dealing with complex social, cultural, financial and political dynamics through the design process. Developing better communication skills and learning to work collaboratively are obviously very useful skills for future professionals. Two of those cases also have design/build studios where students have hands-on learning experiences pertaining to construction and building detailing—a trend in constant rise in architecture schools since the 1990s.

Even though students gain valuable professional knowledge and skills through the processes of these CDCs, within the framework of my research I believe that the educational potential of these centers are under-utilized in many cases. For example, University of Payson and Redington University CDCs have no formal educational components except student staff and interns' involvement in the projects; Everton and Lynwood Tech CDCs have had community-based studios although not regularly; and Grayson State CDC has semester-long service learning courses with no specific focus. Among these cases of this study, I believe Sedona State and Fairbank University CDCs represent exemplary educational models for CDCs. Their success comes from coupling professional knowledge with knowledge acquisition and understanding of the core problems of communities with the aim of producing students with not only “civic consciousness” but also civic commitment to transform the world for the better (Harkavy, 1996; cited in Taylor, 1997, p. 330). The attributes common to these two CDCs include: (1) the CDC processes being an integral part of curricula, (2) multidisciplinary focus of the undertaken projects, (3)

use of design/build studios for mutual student-community (and also faculty) learning in addition to gaining building knowledge within the framework of critical pedagogy, reinforced by students' reflections to the processes, (4) long-term relationships and commitments to the communities to foster trust among universities and communities, and (5) initiating successful transformations in the university culture toward socially-embedded higher education models. The findings of this study provide insights to students' short- and long-term value changes at personal as well as professional levels. Both programs have students evaluate and critically reflect on their experiences at the end of their involvement. During the interview, the director of Sedona State CDC referred to a very powerful student comment, demonstrating how students' worlds and value systems are "reconstructed" through these CDC experiences:

Before setting foot in [Sedona], poverty didn't exist. Secluded by the picket fences, cul-de-sacs, half-acre lawns, and strip malls my perception was that everyone had the resources and money necessary to live in America. I also believed in the idea of economic opportunity for everyone. However, [Sedona] hit me like a bat hitting an apple. Everything that made sense crumbled. (Sedona State CDC student reflection paper, 2007)<sup>13</sup>

Other student reflections to their experience also show how students' views of the societal systems as well as the profession were challenged and reshaped by these community-based educational practices:

Before [Sedona], I had no understanding of the underlying causes of poverty. As far as I knew, the reason people were poor was simply from lack of trying—combined with the occasional bad luck. From my school to my family, no one had ever taught me about the systematic causes of poverty. (Sedona State CDC student reflection paper, 2009)

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<sup>13</sup> In this quotation and the following, "Sedona" refers to the city where the university CDC was involved in.

... [T]he issues I learned here cannot be left behind because they are everyone's problem. The people I have come to know here, the new understanding of the world around me, and the kind of person I hope to become are all things that bind this neighborhood and this community to me. (Sedona State CDC student reflection paper, 2009)

Carrying the lessons I have learned into the field of architecture, I have learned a great lesson that existing residents of an area need to determine what is built there. Residents know more than outsiders ever will about what is needed and desired, and I fear that architects are outsiders who barge in and plop a building down. ... Before this experience, I thought I might want to specialize in non-profit, low-income work. Being in [Sedona] has not only solidified my desire for that area of work, it has proven to me that although it is more challenging than I ever imagined, it is important and needed. (Sedona State CDC student reflection paper, 2008)

These are only a couple of the several examples. One may say these are only immediate reactions of what they saw in the neighborhood and may not have long-term influences in the professional practices and career choices of the students. However, the interviews suggested that these experiences have long-term effects on students. For example, the director of Redington University CDC mentioned that he and an architecture professor who is a famous practicing architect specializing in affordable housing trained the director of the Sedona State CDC, and an alumnus of Sedona State CDC is now working at Redington University CDC. This story suggests how those experiences may influence future career choices of students. Additionally, the director of the Fairbank University CDC mentioned how their alumni were not satisfied with the architectural career options available to them, even with the progressive design firms like Pyatok Architects that does affordable housing and community advocacy. He mentioned that since his former students were "addicted to the kind of practice and the critical discourse they were having in the field," about

20 of them formed their own small design/build firms to be able to engage in community-based design practices. Another example is a group of University of Payson CDC alumni's efforts to start their own pro bono development program. Similarly, in an interview, Adam Hopfner, a critic at the Yale School of Architecture mentioned some of his students have begun their own design-build firms (Sokol, 2008).

I believe these kinds of outcomes reflect the educational goals CDCs should aim for. My belief also echoes in the CDCs themselves: 75% of the CDCs which responded to this study's survey included "impact of community design work on students' norms, values, and civic action" among their success definitions. CDCs' educational missions should go beyond disciplinary knowledge acquisition and civic consciousness, and aim at engaging in community-based pedagogical experiences that would "inculcate students with the lifelong commitment to transform society" (Taylor, 1997, p. 331), putting their professional expertise at the service of communities.

## **Profession**

As the current Executive Vice President and CEO of the AIA called back in 2005, "It [a new movement in the profession] is in the air" (Ivy, 2005). Whether "it" goes with the name of public-interest architecture, architecture for people, community-based design or others, there is an upsurge in interest in socially-responsive architecture. Schwennsen, the former president of the AIA, mentioned, her perception is that students are more interested in a social agenda for architecture

as well (Ivy, 2005). The profession is recognizing the efforts of people who are involved in community-based architecture and awarding such projects, such as the 2011 Latrobe Prize given to well-known community designers, Bryan Bell, Roberta Feldman, Sergio Palleroni, and David Perkes, Architecture for Humanity's 2008 National Design Award by the Smithsonian's Cooper-Hewitt, Bryan Bell's 2007 AIA National Honor Award, ACSA Teaching Awards given to CDC directors Tom Dutton and Sergio Palleroni, and 2005 Architectural Review and RIBA Emerging Architect Awards for Rural Studio students, just to name a few. There seems to be a demand and increase in architectural publications in this area as well, such as *Activist Architecture: A Field Guide to Community-Based Practice* (Wilkins & Pitera, *in press*), *Expanding Architecture: Design as Activism* (Bell & Wakeford, 2008), *Design for the Other 90%* (Smith, 2007), *Design Like You Give a Damn: Architectural Responses to Humanitarian Crises* (Architecture for Humanity, 2006) and *Good Deeds, Good Design: Community Service Through Architecture* (Bell, 2003). Even the current president of the AIA defines himself as "a vocal activist for community design and advocacy issues affecting policies and planning" (Manus, 2010).

Whether the reason for this change "in the air" is to find legitimacy for the profession, to expand its client base, or with pure social concerns, I believe CDCs that already have a history of being involved in such efforts since the 1960s can be models for how to practice socially-conscious and participatory architecture. Learning from these CDCs can "open up whole new areas of service for design professionals, and given demographic and environmental trends, it may eventually become a primary career track for many people" (Fisher, 2008, p. 9)—particularly for

the alumni of these centers. As Fisher (2008) stated, such practices would require their “own educational requirements, practice models, financial support, and client base” (p. 11). That direction for the profession necessitates university-based CDCs to move to a more central and integrated role in the architectural curriculum. Ideally, such a CDC-centric educational model will have the following attributes: (1) multidisciplinary teaching and scholarship to integrate social, physical and economic dimensions of design and the environment, (2) studio teaching based on collaborative, community-based, participatory teaching and learning approaches, (3) design/build studios for real people in real-world conditions for acquisition of construction as well as social skills, and (4) learning experiences to equip students with an understanding of how current social systems result in social and environmental injustices and to motivate them to strive for change using their civic and professional knowledge and expertise; where CDCs act as nodes supporting and coordinating the architectural curricula.

Students going through such educational experiences could seek alternative routes to practice, based on the values of “service, proximity, and experience” (Perkes, 2009, p.65). Parallel to the arguments of this study, Perkes’ understanding of service also goes beyond volunteerism at the times of crisis to a practice model that can be sustained over time. Proximity and experience relate to capitalizing on the community capacity, needs and aspirations, and exceeding an understanding of design just focused on the physical. Such a practice would also require a shift from a financial model based on profit-making to seeking sources from outside the community when the communities (that are not the traditional client base for

architects) cannot afford the services. It will need professionals practicing to earn a living, but also to create a world that is worth living in.

### **Lessons learned from CDCs**

In this section, I highlight some organizational strategies for success learned from the university-based CDCs examined in this research. These lessons can be helpful to the existing centers and the ones who are thinking about starting CDCs, and can have implications for other types of university-community partnerships.

1. **Fill the niche:** For university-based CDCs, it is important to focus their work. The community foci of the CDCs I have examined in this study varied significantly, ranging from a single urban neighborhood, a metropolitan area, a state-level focus, to national and global projects. However, several of the directors agreed on the necessity of deciding where they can have the most impact. This focus is not only in the geographical sense, but also about the scope of work. It is about understanding what the community needs that cannot be satisfied by others, such as independent CDCs or other design firms. And instead of trying to compete with what is already out there, finding the strength in the available intellectual and other resources of university-based CDCs. From this perspective, design advocacy, community capacity building, policy-level changes, innovative and experimental prototype designs, and design research can be important gaps university-based CDCs can fill depending on the community contexts.

2. **Catch the current:** It can be very useful for CDCs to tune their work to the trends in the profession as well as the institutions of higher education. For

example, two of the CDC directors (Sedona State and Fairbank University CDCs) told how synchronizing their work with the service-learning and design-build trends in the field helped them to obtain and sustain administrative support.

3. Capitalize on the available expertise: CDCs receive requests from communities for various projects. They sometimes seek external expertise to respond to those. Even though this strategy can sometimes be useful, focusing the work around the available expertise could be more beneficial to the students and the communities in terms of the outcomes. For example, Redington University CDC director gave an example of how having a staff member with social work background allowed them to be involved in social policy-making.

4. Form multidisciplinary networks: It is possible to argue that a trend of multidisciplinary is identifiable among successful CDCs. Some of these centers have already evolved or have visions to evolve to multidisciplinary community design programs. The advantages of such cross-disciplinary collaborations are numerous in terms of both student learning and holistic responses to community problems.

5. Have back-up: From a logistical perspective, almost all of the CDC directors either mentioned the difficulties of sustaining these centers as one-person shows or underscored the significance of having other permanent staff members. This is not only significant for the continuity of the center in case the director steps down, but also for sharing the extensive workload. The respondents mentioned the vitality of a person to handle the administrative work, including communications and agreements with community organizations, filtering the project applications, and managing finances and grant applications, since it is very difficult for faculty to find

time for such work. However, due to financial reasons CDCs sometimes cannot make such commitments which result in overwhelming workload on faculty and decrease in the quality of the CDC work.

6. Seek alternative funding: The directors I interviewed suggested not relying on public/university money and administrative support, especially for starting the center, since the priorities and mindsets shift easily with changing economies and upper administration. The cases of this study managed to receive funding from National Endowment for the Arts (NEA), Department of Housing and Urban Development, Fannie Mae, but for external funding they have mostly relied on foundations such as Ford, LISC, Kellogg, Graham, Kresge, and Skillman, and private endowments from alumni. One CDC director suggested having sufficient funds to sustain the center for the first five years before starting it, saying that most design centers fail between year zero and year five:

So I would suggest to anybody who is beginning a design center, or wants to do something along these lines, target year five in all your funding, all your planning, all your organization, all your thinking, that you're in it. And make sure that your institution understands that it's going to take you about five years before they see some sort of positive return in a systemic way about what you are doing. You might have small wins every now and then, but year five is the time to begin to start thinking about whether this is an effort that will be supported. Not year one, not year three. (Everton University CDC Director)

7. Act politically and 'market' your work: It is important to use the success stories to build a reputation within the profession as well as the university.

Completed exemplary projects or community design processes with successful outcomes at other levels would attract external funding. For example, Redington University CDC has been asked to reapply for funding from Kresge Foundation—

something the CDC director associated with their successful built projects. Also helping the university use CDC's successes to leverage public support and donations would increase the administrative support for the center. Some of the cases in this study effectively did that. For example, one director mentioned that he is "the poster child of the university," another said, "money is flowing" towards them since they completed their projects. And another director said that, before the administrative changes, "the chancellor had been using examples from the design center in her talks about university successes, whenever she went around," so they had a good presence in the upper administration above the dean.

8. Always keep student learning a high priority: These CDCs are within the university context. Thus, civic and professional education should always be the priority. In some of the centers I examined, the educational agenda sometimes fell through the cracks. For example, the director of the Everton University CDC mentioned they no longer have their design studio because of schedule changes; or the processes of the Redington University CDC have not been part of the curriculum. However, CDC processes are unique learning experiences for students and educating socially-conscious future professionals with a route to alternative practices.

9. Foster long-term relationships with the community: In contrast to the item above, sometimes student learning is the only priority and the processes take advantage of the communities. For a mutually-beneficial learning process, a true understanding of community needs and gaining community trust is of great significance. This can be achieved by cultivating long-term relationships with the

communities CDCs work with. There are different strategies for community engagement, followed by the CDCs of this study. Some CDC directors fostered community relationships and gained their trust through other projects before the centers have started. One CDC has a residency program where students go and live in the communities for a full semester and learn about the social, economic, political and environmental history of the neighborhood, taking classes including design/build studios, providing services, and listening to the stories of the people. The director of the CDC that conducts international studios said they always make at least five-year commitments to the communities they work with. Even before the studio goes there, he sends his students to start the relationships, assess the project requirements, and learn about the real community needs and the existing capacity. Even though semester-long studio projects can be effective and lay the basis for transformation by empowering the community group; if the relationships with the community are short-term (limiting developing mutual trust and understanding of the issues) and there is a mismatch between the time and the project extent, the process and the projects outcome may not be satisfactory and the potential for reciprocal learning may be lost.

10. Document what you have done: Documenting the processes of community design work as well as other organizational decisions and histories is important for organizational learning, communities (when that particular group or others need the information in future), and other faculty and designers who are trying or planning to get involved in CDC work.

11. “Poke the system:” As this study has shown, there are several areas university-based CDC can be and have been successful. At the 2010 Architecture for Change Summit, Michael Pyatok talked about the pessimist, pragmatic, utopian, charitable and reformist views of the world, and where architects can and should fit into these views. There is no single model or best practice for CDCs. Each center needs to decide on how the organizations should be structured with respect to its own contexts. However, whatever they do and focus their work, university-based CDCs have the opportunity of being “reformists”—attempting to gradually improve the institutions and social conditions, by showing what is working and what is not, proposing alternatives, testing ideas by research, or by educating responsible activist professionals. In the current political and economic circumstances, CDCs that are not affiliated with universities at best can maneuver within the existing systems trying to achieve their community-based goals, at the same time trying to sustain the organizations themselves within the system of production we have - so they have to be “realists.” University-based CDCs need to deal with similar circumstances in addition to the political dynamics of the higher education system. However, as discussed above, the allocative and authoritative resources they possess because of being a part of this institution, gives them the power to sometimes “poke the system,”—i.e. questioning and challenging the status quo, rather than trying to maneuver in between. This brings in the ability to critically construct and follow “a concrete utopia” that is the road to social and professional transformation.

12. Be the *hub* of engagement: I believe the primary strength of the CDC model lies not only on its ability to inform other university-community partnerships,

but its potential to be a hub around which comprehensive partnerships can be formed. As two of the cases I studied managed to accomplish, even if they were started as a unit within architecture schools, they can have a dynamic and flexible structure with an ability to evolve into university-wide, multidisciplinary engagement programs that merge the public service, civic education and public-interest professionalism agendas of CDCs, grounded on social justice and praxis. This shift from CDCs as free-standing entities to embedded structures within the university is the key to effective university-community collaborations.

### **Reflections and future directions**

Some may see this study as an overly optimistic picture of the CDC model. I admit that, like everyone else, my reasons for choosing this topic as an area of inquiry were biased. I was intrigued by the pedagogical potential of this model, having experienced and feeling transformed by two particular studios I was involved in as an architecture student. I also admit that my worldview was also influential in certain stages of this research design and in interpretations of the findings. However, this was a transparent and rigorous systematic research study, documenting CDCs' normative underpinnings, successes, and organizational changes. Contextual descriptions of the studied cases, clear outlining of the researcher's beliefs and positioning, systematic research protocol and documentation of the research steps, triangulation of data, clarity in stating that the research provides one perspective of the phenomena, use of direct quotations to retain the full meaning were among the

strategies to ensure the rigor and quality of the research. The audience may interpret some facts and findings differently.

For me, this research tells the success stories of different CDCs with the aims of inspiration, encouragement, and persuasion. It aims to inspire the faculty and design schools by providing a model on how to combine professional knowledge and expertise and institutional status and resources to provide service and education for a better world. By providing a palette of impact areas, it aims to encourage existing and future CDCs and demonstrate the different ways they can fit in. The success stories told here will also hopefully be used to persuade the school and university administration to generate support as they provide evidence on the usefulness of this model, or at least, start a dialogue.

Throughout this research process, I too had to shake off my own disciplinary ethnocentrism--the tendency to look within the profession of architecture for solutions (Campbell, 2005), something I inherited from my professional education. In the beginning, from a naïve perspective I saw university-based CDCs primarily as sites of teaching social responsibility to students so that they would be “citizen architects” in Samuel Mockbee’s terms. Throughout my inquiry, I heard stories of success that are well-beyond the disciplinary boundaries of architecture. With their trend toward multidisciplinary, I saw different potentials the values of CDCs could be transferred into with the aim of playing with the boundaries, rather than playing within.

My data also revealed several obstacles CDC people need to deal with that I could not cover within this dissertation, including but not limited to frictions with

administrations, financial difficulties, community-or student-originated issues, and undervaluation of community service within universities. Several directors mentioned that this is a “labor of love,” and if your heart is not totally in it, you probably should not do it.

This research primarily presents a single perspective – that of the CDC directors themselves. Even though this is a valuable perspective, future research should include the views of other stakeholders, including students, communities, nonprofit organizations and governments that partner with the CDCs, and the university administrations. This is important for a comprehensive impact assessment of the CDC processes and products. I believe this critical and systematic assessment is something that CDCs themselves also should undertake. Among the CDCs that responded to my survey, 71.4% stated that they have not devised any metrics to measure their success. Evaluating effectiveness is significant not only for a learning organization, but also for the advancement of the community design area. As one CDC director told me, they are not “anti-research” centers, but they either do not have the time, staff, and funding to do the research, or the profession of architecture’s research attitude reigns in these centers as well. As a researcher, I believe CDCs provide great contexts for action research, such as the East St Louis Action Research Project (ESLARP) of the University of Illinois at Urbana-Champaign engages in.

To sum, for me this research which was mostly exploratory in nature generated more questions than answers and will constitute the foundation for my future research agenda within the field of community-based design and education. As

I move in my career toward an educator/researcher position, this research will be the basis for my future scholarship with respect to student empowerment in the Freirean sense, i.e. an inquiry on “how to deal critically and creatively with reality and discover how to participate in the transformation of the world” (Freire, 2000, p. 15).

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APPENDIX A

LIST OF UNIVERSITY-AFFILIATED COMMUNITY DESIGN CENTERS,  
DESIGN/BUILD STUDIOS, COMMUNITY DESIGN PROGRAMS

List of University-Affiliated Community Design Centers, Programs & Studios

	<b>Name</b>	<b>Type</b>	<b>Year founded</b>	<b>Location</b>	<b>Affiliation</b>
1	The Outreach Studio - extension of Rural Studio	Summer S		Alabama	Auburn U
2	The Rural Studio	S	1992	Alabama	Auburn U
3	Joint UD program, ASU	UA	1990	Phoenix, AZ	ASU
4	The Tejido Group	UA	1991	Tucson, AZ	U. of Arizona
5	U. of Arkansas CDC	UA	1995	Fayetteville, AR	U. of Arkansas
6	Donaghey Project for Urban Studies and Design	UA	1992	Fayetteville, AR	U. of Arkansas
7	OCCUR - Ontario(Outreach) Com. Cen. for Urban Research	UA	1989	Ontario, CA	Cal Poly
8	CEDRO - Centre for Env. Design Research & Outreach	UA	1991	Calgary, Alberta	U. of Calgary
9	Students' Design Clinic	UA	1977	Ottawa, Ontario	Carleton U.
10	Design/Build Program	D/B program	1997	Denver, CO	U. of Colorado
11	Colorado Center for Community Development	UA	1968	Denver, CO	U. of Colorado
12	Urban Design Workshop/Center for UD Research (UDW)	UA	1992	New Haven, CT	Yale
13	E. St. Louis Action Res. Project	UA	1987	Champaign, IL	U. of Illinois, U-C
14	City Design Center	UA	1995	Chicago, IL	U of Illinois, Chicago
15	Community-Based Projects Program	UA	1969 (1966)	Muncie, IN	Ball State
16	Iowa Community Design	UA		Ames, IA	Iowa State

17	DDC - Downtown Design Center	UA	1996?	Lexington, KY	U. of Kentucky
18	BArC-Boston Architectural Research Center (former BAC CDC)	UA	1991 (1977)	Boston, MA	Boston Architectural College
19	Center for Urban Development Studies	UA	1987	Cambridge, MA	Harvard U.
20	SIGUS - Special Interest Group in Urban Settlements	UA	1984	Cambridge, MA	MIT
21	Detroit Collaborative Design Center	UA	1995	Detroit, MI	U. of Detroit-Mercy
22	The Detroit Studio	S	1999	Southfield, MI	Lawrence Tech
23	DC/AUL-DC for American Urban Landscape/Metropolitan DC	UA	1988	Minneapolis, MN	U. of Minnesota
24	CSTC - Carl Small Town Center	UA	1979	Mississippi	Mississippi State U.
25	Community Design Assistance Projects	UA	1976	Bozeman, MT	Montana State
26	UCIP - Urban Community Improvement Program	UA	1991	Lincoln, NE	U. of Nebraska
27	The Urban Lab	S	1999	Newark, NJ	NJ Institute of Tech
28	Design and Planning Assistance Center	UA	1969	Albuquerque, NM	U of New Mexico
29	Center for Inclusive Design and Environmental Access (IDEA)	UA		Buffalo, NY	U @ Buffalo
30	UTAP - Urban Technical Project Assistance	UA	1995	New York, NY	Columbia
31	Pratt Institute Center for Community Development (PICCED)	UA	1963	Brooklyn, NY	Pratt Institute

32	CCAC-City College Architectural Center	UA	1980	New York, NY	City College of NY
33	Syracuse University CDC	UA	1999	Syracuse, NY	Syracuse U
34	The Center for Universal Design	UA	1989	Raleigh, NC	NC State U
35	The Community Development Group	UA	1971	Raleigh, NC	NC State U
36	Urban Institute	UA	1969	Charlotte, NC	UNC Charlotte
37	Design Research Laboratory	UA		Charlotte, NC	UNC Charlotte
38	CUDC-Cleveland Urban Design Collaborative	UA	1999 (1983)	Cleveland, OH	Kent State U
39	CNDAC-Columbus Neighborhood Design Assistance Center	UA (NP before)	1982	Columbus, OH	Ohio State
40	CDAG-Community Design Assistance Group/O-T-R D/B	UA/S	1975 (OTR 1996)	Oxford, OH	Miami U.
41	University of Cincinnati CDC	UA	1995	Cincinnati, OH	U. of Cincinnati
42	Hamer Center for Community Design Assistance	UA	1996	University Park, PA	Penn State
43	Community Design Workshop	U-based workshop	1998	Rio Piedras, PR	U. of Puerto Rico
44	South Carolina Design Arts Partnership	UA	1994	Clemson, SC	Clemson U
45	ARC - Architecture Research Center/Community Design Lab	UA	1995	Lubbock, TX	Texas Tech
46	Community Design Assistance Center	UA	1988	Blacksburg, VA	Virginia Polytechnic
47	Florida Center for Community Design and Research	UA	1986	Tampa, FL	U. of S. Florida

48	Hollywood Center for Community Research and Design	UA		Hollywood, CA	Woodbury U
49	Jackson CDC	UA	1996?	Jackson, MS	Mississippi State
50	James Taylor Chair in Landscape & Livable Environments	UA		Vancouver, BC	U. of British Columbia
51	Kansas City Design Center (KCDC)	UA	1992	Kansas City, MO	U of Kansas, Kansas State U & U of Missouri
52	South Bend Community Design Center	UA		Notre Dame, IN	Notre Dame
53	BaSIC Initiative	D/B S	1995 (1986)	Austin, TX	U. of Texas, Austin
54	Global Citizen-Architect Program	Master's prog.	2001?	Muncie, IN	Ball State
55	Studio 804	D/B	1995	Lawrence, KS	U. of Kansas
56	Charlotte Community Design Studio	UA	1999	Charlotte, NC	U of N. Carolina
57	Indianapolis Center (CAP:IC)	UA	2001	Indianapolis	Ball State
58	Metropolitan Design and Research Center	UA	?	St. Louis	Washington U.
59	Center for Community Innovation	UA	2006	Berkeley, CA	UC Berkeley
60	Office of Community Design & Development	UA	1999	Baton Rouge	U of Louisiana
61	Tulane City Center & Regional Urban Design Center (TRUDC)	UA	?	New Orleans, LA	Tulane
62	Urban Exchange Center	UA	?	Urbana-Champaign	U of Illinois
63	Roy P. Drachman Institute	UA	1998?	Tucson, AZ	U. of Arizona
64	Center for Urban and Community Design	UA	1992?	Coral Gables, FL	U. of Miami

65	Community Design Workshop	UA	1994	La Fayette, LA	U. of Louisiana
66	Inner-City Studio	S	?	Milwaukee	U of Wisconsin
67	Community Design Solutions	UA	2000	Milwaukee	U of Wisconsin
68	Urban Laboratory	S	1963	Pittsburg, Penn.	Carnegie Mellon
69	Urban Design Project	UA	1990	Buffalo, NY	U of Buffalo
70	Center for Env. Education & Design Studies (CEEDs)	UA	?	Seattle, WA	U of Washington
71	Center for Community Design and Preservation	UA	1997	Athens, GA	U of Georgia
72	Community Design Assistance Center (CDAC)	UA	2000	Ruston, LA	Louisiana Tech
73	CUAdc-The Catholic University of America Design Collaborative	UA	2005	Washington , DC	Catholic U of America
74	DesignMatters	UA?	2001	Pasadena, CA	Art Center College of Design
75	Neighborhood Design Center	NP-UA	1982	Columbus, OH	Ohio State
76	Penn Praxis	UA	2001	Philadelphia , PA	U of Pennsylvania
77	Community Design Center of Atlanta (CDCA)	UA	1977	Atlanta, GA	Georgia Tech
78	Architecture 2001/Community Design Associates	UA (later private)	1965	Pittsburg, Penn.	Carnegie Mellon
79	Urban Planning Aid (UPA)	UA	1966	Boston, MA	MIT, Harvard
80	Urban Field Service	UA or S	1969	Cambridge, MA	MIT
81	SCI-Arc Community Design Program	UA (CD program)	1972	Los Angeles, CA	SCI-Arc
82	Gulf Coast Community Design Studio	S	2005	Biloxi, Mississippi	Mississippi State

**Sources:**

ACSA Survey (2000)

ACD online directory

CDC list from citizenarchitect.com

List compiled by H. Sanoff

Rex Curry's Univ.-based programs list (2005)

List from Metropolitan Design Center Resources

**Types:**

University-affiliated CDC (UA)

Independent Non-profit (NP)

Design studio (S)

APPENDIX B  
INFORMATION LETTERS TO PARTICIPANTS

## Information Letter to Pilot Survey Participants

Dear \_\_\_\_\_,

I am a doctoral student in the College of Design at Arizona State University. I am conducting my dissertation research on community design centers. The research findings will be helpful to existing community design centers by informing them what other centers are doing to be successful, the organizational decisions that have helped or hindered their success, and the viable growth areas for these centers.

The first phase of my study is examining the self-defined success measures of community design centers, programs and studios via an online survey.

I am asking for your help in testing this questionnaire before I send it out to a nationwide sample. I want to make sure that the questions are clear, target those issues that are of key importance to community design centers, and address your concerns as a community designer. I am writing to ask if you could respond to this 15-minute questionnaire (link below). I would also want to follow-up in a phone call so you can give your opinions about the scope and relevancy of the questions.

Since this is for the purposes of testing the clarity and comprehensiveness of the questions, your responses will not be shared with anybody, or used in any kind of publication. If you prefer not to take the survey, you may still choose to view it and share your opinions on the questions.

I would really appreciate if you may complete the survey by November 25, 2008. I would like to then schedule a phone interview with you, at your convenience, to get your feedback. After completing the survey, if you could send me your available times and your phone number, we can schedule the follow-up call.

Thank you for your help, in advance.

Elif Tural  
PhD student  
Arizona State University, College of Design  
Tempe, AZ

**PLEASE FOLLOW THIS LINK TO TAKE THE SURVEY:**

[http://www.surveymonkey.com/s.aspx?sm=Mgvhp6rd7vSZIqm6cB9s5g\\_3d\\_3d](http://www.surveymonkey.com/s.aspx?sm=Mgvhp6rd7vSZIqm6cB9s5g_3d_3d)

## Recruitment Email for Survey Participants

Dear \_\_\_\_\_:

I am a doctoral student under the direction of Sherry Ahrentzen, PhD in the College of Design at Arizona State University. My dissertation research focuses on the different ways community design centers have been successful over the years. After completing my study, the findings should reveal:

- A typology of different organizational models and how each model reflects and shapes the center's mission and the manner in which it achieves its goals
- Organizational decisions that have helped or hindered the success of different centers
- How community design centers have changed through their lifetime in response to changing social, political, economic and professional conditions

I invite you to participate in this research by filling out this on-line survey which should take between 10 and 15 minutes of your time.

Should you choose to leave your contact information at the end of the survey, a brief report of the findings will be sent to you after I complete the study. Your individual survey responses cannot be linked to you or your center even if you leave your contact information.

Your participation in this study is voluntary. To participate, simply click the following link:

[http://www.surveymonkey.com/s.aspx?sm=S4R4BRAmFcUwWz6ON2empg\\_3d\\_3d](http://www.surveymonkey.com/s.aspx?sm=S4R4BRAmFcUwWz6ON2empg_3d_3d)

Thank you in advance for your participation. If you should have any questions or comments, please feel free to contact me at the e-mail address below.

Sincerely,

Elif Tural  
College of Design  
Arizona State University  
etural@asu.edu

## Information Letter for Interviews

Date

Dear \_\_\_\_\_:

I am a doctoral student under the direction of Sherry Ahrentzen, PhD in the Herberger Institute for Design and the Arts at Arizona State University. I am conducting my dissertation research on the different ways community design centers have been successful over the years. After completing my study, the findings should reveal:

- How different organizational models reflect and shape a center's mission and the manner in which it achieves its goals
- Organizational decisions that have helped or hindered the success of different centers
- How community design centers have changed through their lifetime in response to changing social, political, economic and professional conditions

I invite your participation in this research which will involve a face-to-face or phone interview according to your preference. You will receive the interview questions ahead of time via e-mail. This interview should take about 45 minutes of your time. You have the right not to answer any question, and to stop the interview at any time. Your participation in this study is voluntary. If you choose not to participate or to withdraw from the study at any time, there will be no penalty. There are no foreseeable risks or discomforts to your participation.

At the end of the study, a brief report of findings will be sent to you and other university-affiliated community design centers who have participated in this research. This report will provide new knowledge on the organizational models and decisions that worked for community design centers and helped them achieve their goals and be successful. The strategies worked for community design centers in times of crisis and the lessons learned will be shared with you and other participants.

Your responses will be confidential. The results of this study may be used in reports, presentations, or publications but your name will not be used.

I would like to audiotape this interview. The interview will not be recorded without your permission. Please let me know if you do not want the interview to be taped; you also can change your mind after the interview starts, just let me know. Only a transcriber and I will hear the actual audio tapes. In order to maintain confidentiality of your records, a unique project I.D. number will be assigned to the data collected from you and all identifying information will be removed from the transcriptions. All data will be destroyed after 7 years.

If you have any questions concerning the research study, please contact me at [etural@asu.edu](mailto:etural@asu.edu) or by phone (480-748-1736) If you have any questions about your rights as a subject/participant in this research, or if you feel you have been placed at risk, you can contact the Chair of the Human Subjects Institutional Review Board, through the ASU Office of Research Integrity and Assurance, at (480) 965-6788.

Please let me know if you wish to be part of the study.

APPENDIX C  
TWO VERSIONS OF THE SURVEY INSTRUMENT  
FOR CURRENT AND PAST CDCS

## Success in Community Design Centers

### 1. Aim and Scope of the Survey

Dear Participant:

I am a doctoral student in the College of Design at Arizona State University. My dissertation research focuses on the different ways community design centers have been successful over the years. After completing my study, the findings should reveal:

- A typology of different organizational models and how each model reflects and shapes the center's mission and the manner in which it achieves its goals
- Organizational decisions that have helped or hindered the success of different centers
- How community design centers have changed through their lifetime in response to changing social, political, economic and professional conditions

I invite you to participate in this research by filling out this on-line survey which should take between 10 and 15 minutes of your time.

Should you choose to leave your contact information at the end of the survey, a brief report of the findings will be sent to you after I complete the study. Your individual survey responses cannot be linked to you or your center even if you leave your contact information.

Your participation in this study is voluntary. You can skip the questions if you wish. At any time, you may choose not to participate or to withdraw from the study. There are no foreseeable risks or discomforts to your participation.

Your responses to this online survey will be anonymous. If you decide to indicate the name of your center/program/studio, and are willing to further comment on the circumstances influencing your center, you may be contacted as a potential participant for the second phase of this research. Should you decide to do so, this information will be kept confidential. The results of this study may be used in reports, presentations, or publications but your center/program/studio's name and your personal information will not be used.

Thank you in advance for your participation. If you have any questions concerning the research study, please feel free to contact me at [etural@asu.edu](mailto:etural@asu.edu). If you have any questions about your rights as a participant in this research, or if you feel you have been placed at risk, you can contact the Chair of Human Subjects Institutional Review Board, through the ASU Office of Research Integrity and Assurance, at (480)965-6788.

Sincerely,

Elif Tural  
College of Design  
Arizona State University

**1. By clicking "I agree" below and continuing to the survey instrumentation, you are acknowledging that you are 18 years of age or older, and you are agreeing to participate in this survey.**

I agree

I DO NOT agree

## Success in Community Design Centers

### 2. Organizational Information

In this survey, the term "CENTER" is used to refer to community design centers, programs, and studios.

**1. Which of the following best describes your community design initiative?**

- A Community Design Center affiliated with an architecture school
- A Community Design Center affiliated with a university, but not an architecture school
- A community design program
- A design/build studio
- A community design studio
- Other (please specify)

**2. If you have selected a community design program, a community design studio, or a design/build studio in Question 2 to describe the initiative, please specify the level of course(s):**

- Graduate-level
- Undergraduate-level
- Both

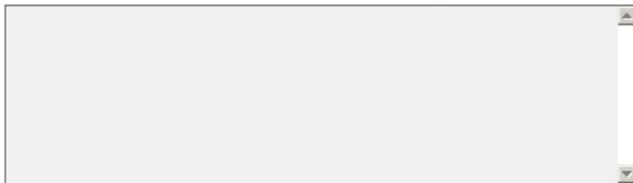
**3. What is the scope of your community design center's work? Please check all that apply.**

- Advocacy
- Design services
- Planning services
- Professional education for architecture/design/planning students
- Public education
- Research and policy analysis
- Other (please specify)

**4. In which year was your community design center founded?**

## Success in Community Design Centers

5. What are the MISSION and GOALS of your center?



## Success in Community Design Centers

### 3. Staff Information

1. How many full-time staff members are currently involved in the center?

2. How many part-time non-student staff members are currently involved in the center?

3. How many student staff members are currently involved in the center?

4. How many affiliated faculty (not full-time) are involved in the center in an academic year?

5. Which year did the current director start?

6. What is the professional background of the current director?

7. What are the professional backgrounds of the non-student staff involved in the design center other than the director? Please indicate the number.

	Number
People with architecture background and experience	<input type="text"/>
People with urban design/planning background and experience	<input type="text"/>
People with landscape architecture background and experience	<input type="text"/>
People with community development background and experience	<input type="text"/>
People with interior design background and experience	<input type="text"/>
People with both architecture and urban design/planning background and experience	<input type="text"/>
People with both architecture and landscape architecture background and experience	<input type="text"/>
People with both architecture and community development background and experience	<input type="text"/>
People with both architecture and interior design background and experience	<input type="text"/>
Other professional backgrounds (Please specify and indicate the number)	<input type="text"/>

## Success in Community Design Centers

### 4. Board Composition

**1. How many people are involved in your center as board members?**

**2. What are the backgrounds of your board members?**

Architecture

Urban Design/Planning

Landscape Architecture

Community Development

Interior Design

Other (please specify and indicate number)

## Success in Community Design Centers

### 5. Success in Community Design Centers

Success has always been an important element for community design centers given their variety, region, organization, and scope of work. According to these factors, how a design center defines success would vary. This section of the survey asks how your center defines 'success.'

**1. In your community design center, have you ever formally defined 'success'?**

Yes

No

**2. Whether explicit or implicit, how do you presently define success in your community design center?**

**3. Have you ever defined success for your center differently than you do currently?**

Yes

No

I don't know about past definitions.

## Success in Community Design Centers

### 4. Which of the following do you use to currently define the success of your community design center? Please check all that apply.

- Longevity
- Revenue generated by the organization
- Amount of available funding
- Number of people served
- Number of projects completed
- Scale of projects completed
- Community outcome, i.e. impact of the community design work on social/economic conditions of the larger community your center addresses
- Number of people involved in the community design center/program/studio work
- Number of students trained
- Number of studios taught
- Impact of community design work on architectural curriculum
- Impact of community design work on students' norms, values, civic action, etc.
- None of the above
- Other (please specify)

### 5. Have any of the following factors substantially contributed to the defining of success of your center? Please check all that apply.

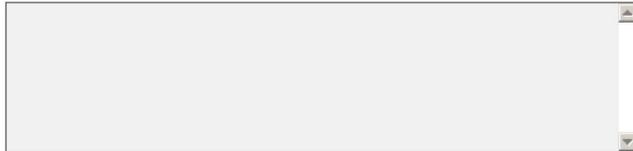
- No, only the staff at the center defined success
- Cities in which we operate
- Clients
- Community at large
- Elected officials
- Funding sources
- Social and environmental events that are critical at this time
- University administration (please specify which administrative units)

## Success in Community Design Centers

**6. Has your center devised any metrics to measure success?**

No

Yes. Please describe:



## Success in Community Design Centers

### 6. Respondent Information

1. What is your current role in this center?

2. When did you start in this center?

Please click "Done" to submit your responses. In the following page you will have an option to leave your contact information if you would like to be informed about the findings of this study and/or comment further on the circumstances influencing your center.

*Success in Community Design Centers*

**Thank you for filling out the survey. If you would you like to be informed about the findings of this study and/or comment further on the circumstances influencing your center, please click [here](#) to leave your contact information. This will not jeopardize the anonymity of your survey responses.**

Done

[http://www.surveymonkey.com/s\\_thankyou.aspx?sm=ZHZkWZuTiJIE20Hh%2b0qXErB6...](http://www.surveymonkey.com/s_thankyou.aspx?sm=ZHZkWZuTiJIE20Hh%2b0qXErB6...) 5/17/2009

## Success in Community Design Centers (defunct)

### 1. Aim and Scope of the Survey

Dear Participant:

I am a doctoral student in the College of Design at Arizona State University. My dissertation research focuses on the different ways community design centers have been successful over the years. After completing my study, the findings should reveal:

- A typology of different organizational models and how each model reflects and shapes the center's mission and the manner in which it achieves its goals
- Organizational decisions that have helped or hindered the success of different centers
- How community design centers have changed through their lifetime in response to changing social, political, economic and professional conditions

Even though your community design center or program is not in operation anymore, your reflections could prove very useful.

I invite you to participate in this research by completing this on-line survey which should take between 10 and 15 minutes of your time.

Should you choose to leave your contact information at the end of the survey, a brief report of the findings will be sent to you after I complete the study. Your individual survey responses cannot be linked to you or your center even if you leave your contact information.

Your participation in this study is voluntary. You can skip the questions if you wish. At any time, you may choose not to participate or to withdraw from the study. There are no foreseeable risks or discomforts to your participation.

Your responses to this online survey will be anonymous. If you decide to indicate the name of your center/program/studio, and are willing to further comment on the circumstances influencing your center, you may be contacted as a potential participant for the second phase of this research. Should you decide to do so, this information will be kept confidential. The results of this study may be used in reports, presentations, or publications but your center/program/studio's name and your personal information will not be used.

Thank you in advance for your participation. If you have any questions concerning the research study, please feel free to contact me at etural@asu.edu. If you have any questions about your rights as a participant in this research, or if you feel you have been placed at risk, you can contact the Chair of Human Subjects Institutional Review Board, through the ASU Office of Research Integrity and Assurance, at (480)965-6788.

Sincerely,

Elif Tural  
College of Design  
Arizona State University

**1. By clicking "I agree" below and continuing to the survey instrumentation, you are acknowledging that you are 18 years of age or older, and you are agreeing to participate in this survey.**

I agree

I DO NOT agree

## Success in Community Design Centers (defunct)

### 2. Organizational Information

In this survey, the term "CENTER" is used to refer to both community design centers and programs.

#### 1. Which of the following best described your community design initiative?

- A Community Design Center affiliated with an architecture school
- A Community Design Center affiliated with a university, but not an architecture school
- A community design program
- Other (please specify)

#### 2. If you have selected a community design program in Question 2 to describe the initiative, please specify the level of course(s):

- Graduate-level
- Undergraduate-level
- Both

#### 3. What was the scope of your community design center's work? Please check all that apply.

- Advocacy
- Design services
- Planning services
- Professional education for architecture/design/planning students
- Public education
- Research and policy analysis
- Other (please specify)

#### 4. In which year was your community design center founded?

#### 5. In which year was your community design center closed?

**Success in Community Design Centers (defunct)**

**6. During your last year in operation, what were the MISSION and GOALS of your center?**



## Success in Community Design Centers (defunct)

### 3. Success in Community Design Centers

Success has always been an important element for community design centers given their variety, region, organization, and scope of work. According to these factors, how a design center defines success would vary. This section of the survey asks how your center defined 'success.'

**1. In your community design center, did you ever formally define 'success'?**

Yes

No

**2. Whether explicit or implicit, how did you define success in your community design center?**

**3. Did definitions of success change or vary over the length of operation of your center?**

Yes

No

I don't know about other definitions.

## Success in Community Design Centers (defunct)

**4. During its operation, which of the following did you use to define the success of your community design center? Please check all that apply.**

- Longevity
- Revenue generated by the organization
- Amount of available funding
- Number of people served
- Number of projects completed
- Scale of projects completed
- Community outcome, i.e. impact of the community design work on social/economic conditions of the larger community your center addressed
- Number of people involved in the community design center/program/studio work
- Number of students trained
- Number of studios taught
- Impact of community design work on architectural curriculum
- Impact of community design work on students' norms, values, civic action, etc.
- None of the above
- Other (please specify)

**5. Did any of the following factors substantially contribute to the defining of success of your center? Please check all that apply.**

- No, only the staff at the center defined success
- Cities in which we operated
- Clients
- Community at large
- Elected officials
- Funding sources
- Social and environmental events that were critical at that time
- University administration (please specify which administrative units)

## Success in Community Design Centers (defunct)

**6. Did your center devise any metrics to measure success?**

No

Yes. Please describe:

A rectangular text input field with a light gray background and a vertical scrollbar on the right side, intended for describing metrics.

**7. According to your knowledge and in your opinion, what circumstances led to the closure of your center?**

A rectangular text input field with a light gray background and a vertical scrollbar on the right side, intended for describing the circumstances leading to the center's closure.

## Success in Community Design Centers (defunct)

### 4. Staff Information

**1. How many full-time staff members were involved in the center:**

At most?

At the time of its closure?

**2. How many part-time non-student staff members were involved in the center:**

At most?

At the time of its closure?

**3. How many affiliated faculty (not full-time) were involved in the center:**

At most?

At the time of its closure?

**4. How many student staff members were involved in the center:**

At most?

At the time of its closure?

**5. Which year did the last director start?**

**6. What was the professional background of the last director?**

## Success in Community Design Centers (defunct)

**7. What were the professional backgrounds of the non-student staff involved in the design center at the time of its closure, other than the director? Please indicate the approximate numbers to your best knowledge.**

	Number
People with architecture background and experience	<input type="text"/>
People with urban design/planning background and experience	<input type="text"/>
People with landscape architecture background and experience	<input type="text"/>
People with community development background and experience	<input type="text"/>
People with interior design background and experience	<input type="text"/>
People with both architecture and urban design/planning background and experience	<input type="text"/>
People with both architecture and landscape architecture background and experience	<input type="text"/>
People with both architecture and community development background and experience	<input type="text"/>
People with both architecture and interior design background and experience	<input type="text"/>
Other professional backgrounds (Please specify and indicate the number)	<input type="text"/>

## Success in Community Design Centers (defunct)

### 5. Board Composition

**1. On average how many people were involved in your center as board members?**

**2. What were the backgrounds of your board members? Please indicate the approximate numbers to your best knowledge.**

Architecture	<input type="text"/>
Urban Design/Planning	<input type="text"/>
Landscape Architecture	<input type="text"/>
Community Development	<input type="text"/>
Interior Design	<input type="text"/>

Other (please specify and indicate number)

## Success in Community Design Centers (defunct)

### 6. Respondent Information

1. What was your role in this center?

2. When did you start in this center?

3. How many years were you involved in the center?

Please click "Done" to submit your responses. In the following page you will have an option to leave your contact information if you would like to be informed about the findings of this study and/or comment further on the circumstances influencing your center.

*Success in Community Design Centers*

**Thank you for filling out the survey. If you would you like to be informed about the findings of this study and/or comment further on the circumstances influencing your center, please click [here](#) to leave your contact information. This will not jeopardize the anonymity of your survey responses.**

Done

[http://www.surveymonkey.com/s\\_thankyou.aspx?sm=ZHZkWZuTiJIE20Hh%2b0qXErB6...](http://www.surveymonkey.com/s_thankyou.aspx?sm=ZHZkWZuTiJIE20Hh%2b0qXErB6...) 5/17/2009

## Contact information

### 1. Respondent Information

**1. Would you like to be informed about the findings of this study?**

Yes

No

**2. Are you willing to be contacted to further comment on the circumstances influencing your center?**

Yes

No

**3. If you said 'yes' to question #1 or question #2, please leave your contact information:**

Your name:

Name of the center/program/studio:

Address:

Address 2:

City/Town:

State:

ZIP/Postal Code:

Country:

Email Address:

Phone Number:

APPENDIX D

IRB EXEMPT APPROVAL LETTERS

**To:** Sherry Ahrentzen  
DTWN

**From:** Mark Roosa, Chair  
Soc Beh IRB

**Date:** 05/18/2009

**Committee Action:** Exemption Granted

**IRB Action Date:** 05/18/2009

**IRB Protocol #:** 0905003985

**Study Title:** Community Design Centers: An Analysis of Successes, Challenges,  
and Organizational Transformations

The above-referenced protocol is considered exempt after review by the Institutional Review Board pursuant to Federal regulations, 45 CFR Part 46.101(b)(2) .

This part of the federal regulations requires that the information be recorded by investigators in such a manner that subjects cannot be identified, directly or through identifiers linked to the subjects. It is necessary that the information obtained not be such that if disclosed outside the research, it could reasonably place the subjects at risk of criminal or civil liability, or be damaging to the subjects' financial standing, employability, or reputation.

You should retain a copy of this letter for your records.

**To:** Sherry Ahrentzen  
Stardust C

**From:** Mark Roosa, Chair *SM*  
Soc Beh IRB

**Date:** 09/16/2010

**Committee Action:** Exemption Granted

**IRB Action Date:** 09/16/2010

**IRB Protocol #:** 1009005493

**Study Title:** Community Design Centers: An Analysis of Successes, Challenges, and Organizational Transformations

The above-referenced protocol is considered exempt after review by the Institutional Review Board pursuant to Federal regulations, 45 CFR Part 46.101(b)(2).

This part of the federal regulations requires that the information be recorded by investigators in such a manner that subjects cannot be identified, directly or through identifiers linked to the subjects. It is necessary that the information obtained not be such that if disclosed outside the research, it could reasonably place the subjects at risk of criminal or civil liability, or be damaging to the subjects' financial standing, employability, or reputation.

You should retain a copy of this letter for your records.

APPENDIX E  
INTERVIEW GUIDE

## INTERVIEW GUIDE

### Introduction:

- Inform the participant about the purpose of the study, possible benefits, and the expected duration of the interview. Obtain participant's consent.
- Mention that I would like to audiotape the interview. The interview is confidential; only a transcriber and I will hear the actual recording. Anything written will not be identified by her name or organization.
- If not apparent from other sources, get information about (or confirm) the type of CDC's affiliation, and when it was founded.
- Get information on the current and former roles of the respondent in the organization; background; when she has started; and the number of years she has had her current role.

### INTERVIEW QUESTIONS

#### 1. Success definitions

1.1 Who benefits from your center's work?

1.2 [*The current mission statement of the CDC to be obtained from the organizations website*] How was your mission statement prepared?

1.3 Since you have involved in the center, has the mission statement ever revised?

- If revised, when and why?
- What was changed?

1.4. In which areas do you think your center is most successful? Please consider (and if possible, rank) the following:

- In the community
- In the academia
- In the professional realm
- At personal levels
- Or other areas (please specify)

1.5. [*For the prioritized choices, inquire about definitions, indications, and reasons of success*]

- Please describe what being successful in the \_\_\_\_\_ [*selected choice*] means for your CDC.
- Can you give examples of how your CDC is successful in the \_\_\_\_\_?
- Why do you think your center is successful in \_\_\_\_\_?

1.6. Which parties influence how you define your center's success?

1.7. Do you formally or informally evaluate your success?

### PROBES

Who was involved during the preparation?

What circumstances influenced the content of the statement?

Any shifts in those impact areas over time?

Probe for the influences of community, clients, board, staff, funders, university administration  
How often? How? For whom?

1.8. At any time, during your involvement in the center, were the definitions of what makes your CDC successful any different?

- If so, when? What led to those shifts in definitions over time?

## 2. Organizational changes

2.1. *[Briefly explain the Critical Incident Technique to the respondent]* Now I would like to ask you to name **3** significant occurrences (events, incidents, processes or issues) that that influenced the success or direction of your center in a positive or negative way.

Probe for changes in the leadership, available resources, staff, university/department support

### General probes for each incident:

- Describe the incident and the circumstances surrounding it.
- When did this happen?
- Why did this happen?
- What were the immediate and longer term outcomes?

### *[For negative incidents]*

- How was it handled?
- What strategies were used?
- What lessons did you learn?
- What could have been done differently to avoid the situation or to solve the issue in a better way?

### If the respondent brings up incidents related to organizational structure, probe for:

- Any changes in organizational structure (division of labor, departmentalization, size/span of control);
- whom the director reports to;
- models or examples followed;
- any changes in how the decisions are made before and after the incident

### If the respondent brings up incidents related to financing, probe for:

- How the center is funded. University, donors, grants, service provision or other sources?
- Any significant budget changes. Why, when? Tactics used to handle?

## 3. Future prospects of CDCs

3.1. What is your vision for this CDC in the next 5-10 years?

3.2. Have you started doing or planning to do anything to achieve this vision?

3.3. What do you consider the most important role university-affiliated CDCs can play?

- What characteristics of CDCs would support or hinder that mission?
- In your opinion, what would be the best strategies to be able to play that role?

3.4. Is there anything else you would like to tell me about your center that could be useful to other CDCs?

For communities, the university, the profession, students?