Human Resource Development in the Nonprofit and Voluntary Sector: A Study of Leadership Development

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Abstract:

With the impact of the global economy, the meaning of race, ethnicity, social class, and culture has rapidly changed within the last two decades in the United States. In addition to the tremendous growth of diverse populations and nonprofit and voluntary organizations in our neighborhoods, administrative policy changes have pushed community leaders to approach organizational change and civic engagement with diversity more comprehensively. To address these emerging problems and issues at the community level, new methods and approaches have been offered both by practitioners and researchers. Using qualitative methodology, this paper examines the potential contribution of the field of Human Resource Development (HRD) to leadership development in nonprofit and voluntary sector practice and research.

Keywords: *Human Resource DevelopmentLeadership DevelopmentNonprofit and Voluntary Sector*

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The notion that Human Resource Development (HRD) can also function as an agent of societal and international development as well as organization development has brought a new dimension to the field. HRD is an interdisciplinary field of practice and a relatively young academic discipline. Furthermore, HRD is deeply concerned about the dynamic issues of individual and organizational change. Thus, the field of HRD purports continuous growth and improvement. One of the current definitions of HRD brought a new systemic approach to the way we understand the field. According to McLean & McLean (2001), "HRD is any process or activity that, either initially or over the long term, has the potential to develop adults' work-based knowledge, expertise, productivity, and satisfaction, whether for personal or group/team gain, or for the benefit of an organization, community, nation, or ultimately, the whole humanity" (p. 322). This definition confirms the findings of existing literature investigating the contributions of HRD to the nonprofit and voluntary sector as implemented in community development (Akdere, 2003, 2004, 2005a; Akdere & Egan, 2005; Budwahni & McLean, 2005).

The recent popularity of various types of cooperative and inter-organizational behaviors such as strategic partnerships and collaborations used by private firms, public agencies, and nonprofit organizations has been well documented (Stone, 2000). Nonprofit organizations typically operate in complex environments with multiple stakeholders, such as funders, referral agencies, government officials, volunteers, and clients or participants; thus, for executive directors and staff, the board of directors is an additional stakeholder (Van Til, 1994). This study is conducted using a qualitative research method. The umbrella strategy of qualitative research is extremely useful to HRD in which qualitative research is one of the most prevalent formats for conducting research, which uses quality—nuances, perceptions, viewpoints, meaning, relationships, stories, and dynamic changing perspectives (Swanson, Watkins, & Marsick, 1997, p. 89). Thus, this study investigates the implementation of HRD practices and philosophy in nonprofit and voluntary organizations to improve quality of life, increase diversity practices, and develop leadership.

Background

Boards of nonprofit organizations are entrusted to oversee and ensure that the organization remains true to its mission, functions within the confines of state and federal laws, and operates in a financially responsible manner (Preston & Brown, 2004). This study involves the Cultural Diversity Council (CDC)—a rural community-based nonprofit and voluntary organization serving the Upper Minnesota River (formerly the Hispanic Outreach Task Force). Established in 1999 to strengthen the network of intercultural human relationships and achieve welcoming, peaceful, trusting, and respectful communities, the Council strives to maintain a commitment to multiculturalism and diversity to develop a community that embraces the differences of its members.

The CDC serves the counties of Chippewa, Lac qui Parle, and Yellow Medicine in Western Central Minnesota. According to the U.S. Census Bureau (2000), the total population of these three counties is 32,235 with a total minority population of 1,151, which constitutes approximately 3.57 percent of the total population (2000). The breakdown of the minority population for each county is as follows: Chippewa County, 4.1 percent; Lac qui Parle County, 1.3 percent; and Yellow Medicine County, 4.6 percent. The census results also indicate that the largest groups of minorities in these three counties include the Hispanic/Latino (467) and Native American (375) groups. Additionally, in recent years (after the 2000 Census) there has been increasing migration of Somalian immigrants to the region from the larger metropolitan areas.

The United States is becoming more racially and ethnically diverse, increasing the ur-

gency for culturally responsive practices and services (Murray, 2002). These statistics indicate an increase in the number of diverse populations in the area. The trend is likely to continue, implying more people with diverse backgrounds will be migrating into the communities in these counties (Diaz, 2001). Resource dependence together with community needs drive the nonprofit and voluntary sector towards a greater concern for the poor and their problems (Gronbjerg, 1990; Corbin, 1999). The CDC is no exception on this matter. There are increasing issues in the areas of housing, education, health care, banking, legal advocacy, food, spirituality, language, recreation, and socialization. However, there are not adequate infrastructures to properly address these issues at present. Thus, using the HRD tools and models, the purpose of this study is to (1) understand the experiences of people with diverse backgrounds in their interactions with nonprofit and voluntary organizations in the region; (2) understand the experiences of nonprofit and voluntary organizations in the region with people of diverse backgrounds; (3) investigate organizational challenges such as achieving organizational change, organizational learning, and performance improvement; and (4) design and develop models of leadership development. The underlying notion is that extensive research and practice in nonprofit governance is based on the premise that well-performing boards coincide with well-performing organizations (Brown, 2005).

The responsibility for governing nonprofit organizations rests with board members: individuals from diverse backgrounds who volunteer their time on behalf of nonprofit organizations (Axelrod, 1994). This paper helps determine the utility of the current services and programs by the CDC; the demand for these services; how to recruit volunteers to assist with the CDC's efforts; and the appropriate community leadership development and skill building opportunities for volunteers of nonprofit organizations in the region.

Research Method

This study is based on qualitative research, an empirical inquiry that is an umbrella term for various philosophical orientations to interpretive research (Glesne & Peshkin, 1992, p. 9). Thus, the researcher neither aims to predict nor attempts to generalize the findings. The researcher that embarks upon qualitative research is usually believes in the notion of providing a 'deeper' understanding of social phenomena than would be obtained from purely quantitative data (Silverman, 2001, p. 32). As such, qualitative research has the ability to emphasize the processes and meanings that are not rigorously examined, measured in terms of quantity, amount, intensity, or frequency (Denzin & Lincol, 1998). In this study, the participants are identified upon the suggestions of the CDC. The participants are selected because of their involvement with the community organizations. They are individually invited to focus group interview sessions via phone by the CDC. The advantage of the qualitative research method is its ability to obtain rich descriptive experiences of everyday human life and facilitate an understanding of complex real-life situations. The experiences described in a qualitative study can be easily related to people's everyday experience.

Among the data collection processes that qualitative research employs are interviews (both individual and group), questionnaires (open-ended), observation, and document analysis (organizational) For the purposes of this study, the data collection processes include document analysis of the U.S. Census Bureau records to quantify the minority groups living in the region; focus group interviews with three largest minority groups; and semi-structured phone interviews with the nonprofit and voluntary community service providers in the area. The power of qualitative methods is the ability to open up new lines of inquiry, to clarify perplexing problems in understanding statistical associations, or to shed light on the complex

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humanity of the people who too often are known simply as "subjects" or respondents" (Kroesen, et al, 2005). Thus, the study describes qualitative data, captures and communicates someone else's experience of the world in his or her own words (Patton, 2002, p. 47). Studying the government records to find out the factual figures about these groups, conducting focus groups to obtain intensive descriptions and analyses of a single unit or bounded system (Smith, 1978), and conducting phone interviews with the nonprofit and voluntary community service providers to understand the issues from their perspective may be adequately achieved with multiple techniques that qualitative research method includes. In qualitative inquiry, researchers need to take voluminous amounts of text-based data and reduce that data to a manageable form without loosing the embedded meaning (Daley, 2004). Qualitative research method enables the researcher to move conceptually across a wide variety of social contexts (Ruona, 2005). Thus, it is a process of scholarly inquiry and exploration whose underlying purpose is to create new knowledge (Herling, Weinberger, & Harris, 2000). Consequently, this study includes the following six steps:

1. Determine and define the research questions.

2. Determine data gathering and analysis techniques.

3. Prepare to collect data.

4. Collect data in the field.

5. Evaluate and analyze the data.

6. Prepare the report.

Determining and Defining Research Questions

Although the focus and intent of this study have been pre-determined by the CDC, in light of the literature review, the research questions and the focus and intent of this study were modified. The objects of this study are nonprofit and voluntary organizations including the agencies under which the nonprofit and voluntary community service providers serve, and individual members of the minority groups.

Determining Data Gathering and Analysis Techniques

The data gathering techniques include focus groups with the members from the minority population, phone interviews with the nonprofit and voluntary community service providers in the region, and governmental documents. The data analysis techniques are bracketing, which describes the act of suspending one's various beliefs in the reality of the natural world in order to study the essential natural structures of the world; determining the themes which are essential qualities that make a phenomenon what it is and without which the phenomenon cannot be what is; and consequently, imaginative variation, which is the process for determining which themes are essential and which are incidental to a phenomenon, and in which the theme has to be looked at from several directions and be considered in different ways to discern whether or not it is essential to the phenomenon.

Preparing to Collect Data

The first method of data collection includes government documents to analyze the population demographics. In addition, larger and more in-depth data are generated from the focus groups and phone interviews regarding the phenomena under study.

Data Collection

The researcher collected the data from the resources as described earlier. The government documents collected for this study provided statistically grounded facts, and thus were instrumental in determining the minority groups to include in the study. The focus groups were formed in consultation with the CDC and the minority community leadership. Every effort was made to accommodate the needs of the participants during the process. All participants were asked to complete a consent form before they participated in

the study. They are further informed about the nature and purpose of the study as well as how the study is to benefit their community. Since all of the groups declined to be taped, the data collection for focus groups and phone interviews was conducted in the form of note-taking.

Qualitative inquiry typically focuses in depth on relatively small samples selected purposefully (Patton, 2002, p. 230). Initially, two of the largest minority groups were identified to participate in the study, the Hispanic/Latino and the Native American communities. However, analysis of the latest census data revealed a new trend of Somalian labor force migration to the region from larger cities. Thus, a third focus group was conducted to include these newcomers in the study. Interpreters from the community were present for the focus groups with the Hispanic/Latino and the Somalian participants. The consent forms were also translated into the participants' native languages so as to ensure that the consent form was accurately communicated. The participants for the focus groups were equally represented in terms of age and gender. Such balance of demographics among the participants is important for achieving validity and reliability in qualitative research.

Nonprofit and voluntary community service providers, on the other hand, were contacted via telephone. They were informed about the nature of the study and the value of their voluntary participation in the study. Seventy service providers from the three counties were contacted, and forty-six of them agreed to participate in the study. Such a large percentage of participation presents the opportunity to investigate the phenomena being studied through the perspectives of a large spectrum of professionals from the service agencies.

Data Analysis

The data analysis phase includes the analyses and interpretation of the interviews with three focus groups and the phone interviews

with the nonprofit and voluntary community service providers. During this process, codes were being developed as the data were interrogated (Glaser, 1992). For the community service providers, the focus of the analysis was on the effectiveness and accessibility of their services to the minority groups in the region.

Results

The qualitative analysis of focus groups identified sets of areas of concern for each of the minority groups. The analysis of the phone interviews with community service providers, on the other hand, revealed ten distinct areas of development within the realm of nonprofit and voluntary sector organizations. The findings from the focus groups were compared with those of the phone interviews to assess and determine the extent and breadth of the issues and challenges identified.

Focus Groups

One of the goals of the focus group process was to identify the issues and challenges these particular communities face and experience, and further to seek answers to them to help the CDC leadership in responding to these challenging and developing the community. This is especially important and relevant because the study is involves people that are impacted the most by these problems on a daily basis in the process.

The Hispanic/Latino Community

The majority of the focus group participants had only been in the region for two years or less. As a result, there may be some issues and challenges related to socialization in the community and adaptation to the neighborhood. Socialization can be described as adapting to social needs and uses or participating actively in a social group (American Heritage Dictionary, 2003). To address these issues and challenges, community programs and policies should be adapted to enhance and enrich the socialization process of this group.

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Table 1

Areas of concern for the Hispanic/Latino community

Problem Areas
1. Socialization
2. Bureaucracy and paperwork
3. Lack of bilingual staff and materials
4. Lack of equal access to services and programs
5. Lack of social welfare services
6. Lack of public transportation
7. Lack of awareness about Hispanic/Latino culture
8. Stereotypes and biases
9. Lack of representation in nonprofit and voluntary sector organizations
10. Lack of English as a Second Language (ESL) classes
11. Lack of labor and skill training programs

The focus group further expressed a number of community related problems. Table 1 illustrates the areas of concern for the Hispanic/Latino community.

The most significant issue involved problems with immigration and available services to meet their daily needs such as the lengthy and complicated bureaucratic paperwork, bilingual communication, social welfare support, public transportation, and understanding of diversity from the larger community. Some of the examples they provided during the focus group help adequately capture the real life problems and challenges that they face on a daily basis. For example, seeking and receiving basic healthcare could be very challenging at times when bilingual staff is not present. In another instance, simply running the daily of errand grocery shopping could become a big hurdle when they do not have their own transportation—in this region, all focus group participants from the Hispanic/Latino and Somali communities did not have a means of personal transportation, and indi-

cated that the majority of the people in their own communities did not either. A final example would be an issue that was repeated across the board by all minority communities: the lack of understanding and tolerance from the larger community about their cultural backgrounds. They further emphasized that this was a significant problem especially in public schools where their kids are often bullied or excluded from peer groups simply because of their ethnic origin. Bias towards ethnicity in schools is a common case across the U.S. and has unfortunate influence on the educational opportunities and integration of the youth of the populations with diverse background (Raskoff & Sundeen, 2001). The question at hand is what can the CDC leadership do to address these issues and concerns? In fact, taking action towards these problems and challenges is one of the primary missions of the CDC to help minority populations with their transition to adjust and become members of the community at large.

The focus group members suggested that a larger participation from the Hispanic/Latino population in community events would certainly help achieving collaboration, participation, voluntary involvement and civic engagement. Collaboration is a social exchange involving commitment of knowledge, skills, and emotions by the leaders and staff of participating organizations (Snavely & Tracy, 2002). To achieve this, a stronger connection between the CDC and the Hispanic/Latino community must be established so that people can become more familiar with the CDC and its programs and services. They can also contribute to the CDC through utilizing their human and social capital such as communication skills, networking, and voluntary support. It is clear that the Hispanic/Latino community in this region has a lot to offer to the CDC leadership. However, due to a lack of a community-based partnership between this group and the CDC, this is not achieved at the desired levels. A good point to start would be recruiting some representation from this community to the CDC executive board to develop and foster

such networks.

The Native American Community

One of the problems that Native American community faces is the ignorance and lack of awareness within the larger community about the Native American history and culture. Table 2 illustrates the areas of concerns for the Native American community.

Table 2

Areas of concern for the Native American community

Problem Areas
1. Lack of awareness about Native American culture
2. Compulsive gambling
3. Alcohol and drug addition
4. Lack of interaction and collaboration with the larger community
5. Lack of representation in nonprofit and voluntary sector organizations of the larger community
6. Lack of labor and skill training programs

They suggest that this may be overcome through various programs and curriculum changes in schools. Another problem that the Native American community faces is gambling, alcohol, and drug addiction. More social services are needed in this area to help with prevention and treatment processes. In addition, the CDC can initiate a task force with the leadership of the Native American community to help the CDC offer programs and services focused on addressing the problems, issues, and challenges of this community. Furthermore, through actively encouraging collaboration, the CDC leadership can utilize these networks of communities and organizations to garner voluntary support, increase participation and involvement in its programs, and foster an on-going dialogue among the communities that would contribute to gaining a broader understanding about the backgrounds of the minority

groups and the larger community.

The Somalian Community

The Somalian focus group participants mainly migrated to the region for job opportunities. Table 3 illustrates the areas of concern for the Somalian community.

Table 3

Areas of concern for the Somalian community

Problem Areas
1. Lack of English as a Second Language (ESL) classes
2. Lack of State aid programs for gas and electricity
3. Lack of affordable housing
4. Lack of bilingual staff and materials
5. Lack of labor and skill training programs

They emphasized the support and programs for English as a Second Language (ESL) classes that they receive in the workplace. They suggested that the CDC could provide more ESL programs, electricity and gas aid programs, affordable housing, and translators for public services. This group has expressed a need for a new service—electricity and gas aid programs. The CDC can lobby for such programs at local, state, and federal legislation. The focus group further recommended that the CDC leadership can be more active and involved with the Somalian community and inform them of the programs and services available both by the CDC and other community service providers. It should be noted here that a community organization for the Somalian community at the time of the study did not exist in the region.

Phone Interviews

Some parts of the date collection phase of this study includes conducting phone interviews with community service providers serving in nonprofit and voluntary organi-

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zations in the region. The CDC provided a list of seventy community service providers from the agencies in education, health care, social work, law enforcement, and religious organizations. Among these seventy community service providers, forty-six of them volunteered to participate in the study. Individual phone interviews with the community service providers revealed a number of issues ranging from diversity and multiculturalism to social welfare services such as assisted housing and educational and training programs. Table 4 illustrates the areas of concern for the community service providers

Table 4

Areas of concern for the community service providers

Problem Areas
1. Lack of collaboration and network among community service organizations
2. Lack of diverse staff in these organizations
3. Lack of educational programs
4. Lack of labor and skill training programs
5. Retention problems with minority students in public schools
6. Lack of public transportation
7. Lack of affordable housing
8. Stereotypes and biases from the larger community toward the minority groups
9. Increased unemployment
10. Lack of bilingual education/training programs for community service providers
11. Lack of more specialized social welfare services for the minority populations

First of all, although they agree that there is an increasing number of diverse people in the region, this is not necessarily reflected in the personnel demographics of the community service organizations in the area. Therefore, these organizations need to increase their efforts to attract and retain the most ta-

lented diverse employees to the region. This is one area in which Human Resource professionals can help community organizations achieve their goals. Second, almost all of the service providers repeatedly emphasized the decreasing levels of state and federal funding toward their programs and services. Most nonprofit organizations providing human services are highly dependent on government funding; and government changes in attitudes can have profound effects on their practices (Leonard, Onyx, & Hayward-Brown, 2004, p. 207). Third, the majority of the interviewees pointed out a significant and urgent need for basic skill training programs in the region. This is not very surprising considering the majority of the minority communities are composed of immigrations who often lack basic language and technology skills. In terms of the Native American community, the high levels of high school drop-out rates call for other types of skills training in which these individuals could become employable in the workplace. The field of Human Resource Development (HRD) has traditionally been involved with workforce education and development and is equipped with tools and techniques to help communities address their labor and employment challenges to achieve sustainable economic development.

What is significant and noteworthy in these diagnoses of the community service providers is the degree of similarity among the responses of the minority communities. This implies that these problems are equally observed, recognized, and experienced by both the minority groups and the community service providers. Responsiveness may be problematic when multiple stakeholder groups have varying, and sometimes conflicting, expectations of the nonprofit organization (Balser & McClusky, 2005).

All of the participating community service providers further emphasize the importance of fostering a good relationship between their nonprofit and voluntary organizations and the minority groups in the region. An interpreter often builds the initial step in ac-

hieving this relationship while solving many problems, without which they would have become more complex and complicated to resolve. A positive relationship between the community service providers and the minority groups is an indication of broader collaborations, a larger community involvement, and civic engagement.

The community service providers further suggested that both governmental and nonprofit organizations could collaborate and reach out to serve minority communities by providing funding to educational programs and services and training in basic skills required for many entry-level jobs. This notion is similar to the existing literature in that nonprofit organizations are increasingly forming alliances, partnerships, and collaborations both within and across sectors to achieve important public purposes in the last decade (Abramson & Rosenthal, 1995; Alter & Hage, 1993; Austin, 2000a, 2000b; Connor, Taras-Kadel, & Vinokur-Kaplan, 1999;

Guo & Acar, 2005; Milne, Iyer, & Gooding-Williams, 1996; O'Regan & Oster, 2000;

Saidel & Harlan, 1998). The potential for organizations to collaborate with or threaten one another, as well as the ability of individuals to unite to interact better with the local organization will be detrimental in the collaboration efforts among nonprofit and voluntary organizations and governmental and for-profit organizations (Abzug & Webb, 1999). They also indicated that minority groups required more individualized services. Another suggestion was that the Housing Authority can assist the minority groups with issues related to assisted and affordable housing. In regards to increasing unemployment rates in the region, the area businesses can provide new job opportunities and training programs. English and Spanish language classes can be offered both to the immigrants and the local residents. Another suggestion was to develop a broader-based task force composed of more specific committees to lobby with the legislators to address these needs in political arenas.

More efforts should be made to obtain grants for the programs and services to be offered to minority groups.

The community service providers characterized the strengths and assets of their organizations in respect to serving minority groups as being well aware of the needs of minority groups, having a significant amount of experience and service in the nonprofit and voluntary sector, welcoming diverse groups, and reflecting the multicultural aspect of the community in their organizational policies and practices. The participants further emphasized that one of their organizational goals was to provide support for the growth of minority communities and develop a larger diverse community that welcomes people with all different backgrounds. To achieve this, some local policies should be changed and some new regulations may need to be made. In addition, the area businesses should be encouraged and supported in providing both new job opportunities and training programs for personal and professional development.

Leadership Development Through Human Resource Development

Leadership is a process whereby an individual influences a group of individuals to achieve a common goal (Northouse, 2004, p. 3). Thus, leadership development may be defined as the process of identifying, recruiting, and training the potential individuals to assume the roles of leadership at any given level and organization. From this perspective, Human Resource Development (HRD) considers leadership development as part of the training and organizational development processes. Organizations today are facing rapidly changing conditions with new technology, new structure, global economic competition, and increasing diversity, among other challenges; and the organizational team structure is one way an organization can respond quickly and adapt to these constant and rapid changes in workplace conditions (Kogler-Hill. 2004, p. 204).

In regards to leadership development in the

CDC, four dimensions are proposed. The first dimension is "business." This includes getting the desired results and having business acumen; being customer focused; thinking analytically, conceptually, and strategically; possessing adequate knowledge and understanding of financing and budgeting; creating and building support for a vision and mission; developing a global perspective; focusing on quality in programs and services; fostering creativity and innovation; problem-solving; and managing multiple projects simultaneously. The second dimension is "team." This includes managing, facilitating, and leading in small team settings; recognizing and rewarding team achievements; and integrating previous experiences in organizational learning. The third dimension is "personal effectiveness." Thus, leadership development should focus on developing strong interpersonal skills and communication expertise; being persuasive and decisive; empowering the members; building relationships; motiva-

Table 5

Comparison of the CDC's, Minority Groups', and Community Service Providers' Perspectives on Issues of Leadership Development in CDC

Core Leadership Development Issue	CDC Organizational Perspective	Minority Groups' Perspective	Community Service Providers' Perspectives
Vision and mission	The current vision and mission needs to be changed to include the increasing minority populations.	CDC's mission is valued and its vision seems to be revised.	CDC's work is highly valued and minor changes in its vision and mission can be adjusted to reflect the changing demographics of the community.
Communication	Openness in organizational communication.	Language barriers hinder the communication process.	More communication is needed to increase the interaction and collaboration.
Organizational hierarchy	Small, program-based teams are implemented.	Organizational structure reflects organizational hierarchy.	Organizational hierarchy supports leadership.
Organizational culture	Open to outsiders but needs to become more diverse.	Welcomes outsiders but needs more interaction with minorities.	Fosters collaboration with other organizations.
Organizational decision making process	Participative decision making process.	Need to more involve the members of the minority communities.	Values other organizations' inputs into the process.
Organizational effectiveness	Needs more representation from the minority communities to increase effectiveness.	Good support programs and services and can focus more on the needs of minority communities.	Effective in advocating and fostering diversity, understanding, and tolerance.
Training and personal growth	More training programs are needed for leadership development.	More focus on training and personal growth programs.	Educational and training programs need to increase.

ting, coaching, and mentoring others; fostering teamwork; managing change; developing other members; and managing organizational performance. The final dimension is "values." This includes behaving ethically and possessing integrity; being accountable, responsible, and committed; and being flexible and open to others' ideas and suggestions. Table 5 provides a comparison of the CDC's, minority groups', and community service providers' perspectives on issues of leadership development in CDC.

Conclusion

Using a qualitative research method, this study examines the potential for building community-based partnerships among the leadership of a nonprofit and voluntary community center, other community service providers in the region, minority communities, and the larger community. The paper identifies current problems and issues as well as potential barriers to successful partnership and provides instrumental findings as to how these problems and barriers can be overcome. The paper offers possible methods for leadership development, building community-based partnerships in nonprofit and voluntary organizations, and increasing cultural diversity awareness to other communities facing similar challenges around the world.

Studies of this nature require the implementation of multiple research methodologies. Qualitative method this study helps to provide an understanding about the cultural and social backgrounds of minority groups as well as their needs, the problems and issues that they face within the community, and how nonprofit and voluntary organizations can help these groups. As a country of immigrants, the U.S. will undoubtedly continue to attract new immigrants from other parts of the world. The notion that the U.S. is a "melting pot" has diminished long ago, and the concept of diversity, where individuals are encouraged to express their cultural, ethnic, and religious heritage in everyday life, is on the rise. Studies that examine immigrant populations and analyze the challenges, issues, and problems that immigrants are face are not only necessary to better understand them but also vital for scientific and sound approaches to help them in their transition phases to their new environment.

The two major forms of capitals—human capital and social capital—on which HRD centers its functions can help the CDC in their long and short term planning. Effective boards improve organizational performance, although the mechanisms of that change are not yet understood (Herman & Renz, 2000). Human capital is defined as the knowledge and skills (physical and intellectual) that an individual possesses that make that individual a productive worker (Besanko, Dranove, & Stanley, 1996, p. 641). The field of HRD conducted research on human capital theory and discussed its implications in community settings. Osman-Gani (2004), for example, explored human capital development through HRD in Singapore. Social capital, on the other hand, is defined as any aspect of social structure that creates value and facilitates the actions of the individuals within that social structure (Coleman, 1990). Using a theory building research methodology, Akdere (2005b), on the other hand, examined social capital theory implications for HRD. Such networking opportunities will enhance the dynamic structures and organizational effectiveness of nonprofit and voluntary sector entities (Stone, 2000; Powell, 1990; Provan & Milward, 1995; Ring & Van de Ven, 1994). Although the social capital phenomenon has been studied in the nonprofit and voluntary sector literature from the perceptive of contributions of social capital in people's lives outside the nonprofit organizations (Wollebaek & Selle, 2002), HRD presents a different perspective to examine the phenomenon through the study of its immediate impacts within the organization's functions, departments, and members.

The baby boomers soon will have the opportunity to redefine the meaning and purpose of the older years (The Harvard School

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of Public Health and the MetLife Foundation, 2005). As the baby boomers are entering the retirement phase, HRD can help the nonprofit and voluntary sector to train them as potential volunteers. This is important to note for all organizations in the nonprofit and voluntary sector to channel and utilize this labor force in their organizations while helping them achieve their goals purposes of volunteer work. As some of the demands of work and family that have commanded their attention in mid-life recede, boomers will have the potential to become a social resource of unprecedented proportions by actively participating in the life of their communities (p. 3).

The most critical work for nonprofits is to clarify their organization's overall strategy, defined as the unique mix of activities and values that make a nonprofit organization stand out from others (Frumkin & Andre-Clark, 2000). Multiple changes in their external environments are forcing nonprofit organizations to search for new and more effective ways of service delivery (Jaskyte, 2004). Strategic planning is another area that HRD heavily focuses on not only bring change and development in organizations but also to achieve sustainable change. Strategic planning requires a sound and clear mission statement along with a vision that is reflective of the characteristics and nature of the organization. An organization can be said to have a strategy when the leaders and the organization as a whole have committed themselves to a particular vision of how the organization will operate to create value and sustain itself in the immediate future (Andrews, 1971; Barnard, 1966; Moore, 2000).Thus, the leadership of the CDC may greatly create an environment that fosters ownership and belonging through a vision and a mission statement. A public sector organization could, in principle, have the same latitude if it was prepared to define its mission in equally broad and abstract terms as "maximizing shareholder wealth" (Moore, 2000). In this case, the shareholders of the CDC consist of the community at large. Additionally, striving to be a business partner,

HRD implements measurement and assessment techniques to determine the impact of its functions in any given organization. Nonprofit and voluntary organizations ultimately measure their success by their impact on beneficiaries, their families, and the communities in which they live (Woller & Parsons, 2002).

The nonprofit and voluntary sector is an interdisciplinary and dynamic field of study to which HRD can greatly contribute. HRD literature is consistently increasing its knowledge base and perspective on working with the nonprofit and voluntary sector organizations (Akdere, 2003, 2004, 2005; Akdere & Egan, 2005; Bartlett & Rodgers, 2004; Cho & McLean, 2004; Cooper, 2004; Lee, 2004; Luttu-Mukhebi, 2004; Lynham & Cunningham, 2004; McLean, 2004, 2006; Osman-Gani, 2004; Rangel, 2004; Rao, 2004; Scotland, 2004; Szalkowski & Jankowicz, 2004; Yang, Zhang, & Zhang, 2004).

These nonprofit and voluntary entities are composed of individuals, groups, and organizations. As such, HRD can help address issues and challenges in the nonprofit and voluntary sector at individual, group, and community levels. In this aspect, these institutions may be viewed as organizations that continuously strive for improvement and development. Stone hypothesizes that collaboratives that evolve over time to a point where they are likely to change an organization's fundamental domain warrant the attention of its planning process (2000). It is recommended that future studies of the nonprofit and voluntary sector can utilize the tools and methods that the field of HRD offers in responding to a rapidly changing environment; dealing with some of the most significant human issues of poverty, inequity, diversity, and discrimination; determining individual learning styles and responding to them; and dealing with the ambiguities of life (Azevedo & McLean, 2002).

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