# A Civic Health Dialogue and Deliberation: Engaging Business, Nonprofit, and Public Leaders

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### **Abstract**

Improving collective understanding of the civic health of communities and the nation is a critical first step in building civic and political connectedness. Recent efforts, including those of the State of Indiana, have focused on "taking the pulse" of civic activity. These efforts highlight the importance of building civic knowledge and skills for citizens, including young upcoming civic actors. However, another important group of civic actors has largely gone unexamined in this effort to advance civic health: public, private, and nonprofit-sector leaders at both the regional and state levels.

This article argues that while each sector brings different qualities to the table, all are required to effectively advance initiatives targeting civic health. The author proposes a method for reinvigorating civic disposition and building regional social capital to collectively address the negative outcomes of civic health challenges; she also shares lessons learned.

*Keywords*: civic health, civic disposition, civic leaders

Improving collective understanding of the civic health of communities and the nation is a critical first step in building civic and political connectedness. Recent efforts, including those of the State of Indiana, have focused on "taking the pulse" of civic activity. The results of these inquiries point to the importance of building civic knowledge and cognitive civic skills through grassroots programs aimed at providing resources and support for citizens, including young upcoming civic actors. Civic education in schools, e-government at the local, state, and national levels, and voting initiatives contribute to civic knowledge and can lead to civic action. However, few initiatives have focused attention on a group of civic actors who are critical to building a collective civic disposition: public, private, and nonprofit-sector leaders, particularly at the regional and state levels.

It is logical to presume that those in leadership positions are least in need of improving their civic knowledge, skills, and disposition. As sometimes highly visible participants in civic life, they possess a good understanding of the democratic process. They monitor public events and issues. They influence and implement policy decisions. Indeed, their civic knowledge and participatory skills appear to be generally well polished. However, while these actors might be more knowledgeable and possess better civic skillsets, this article contends that it is the civic disposition of leaders—namely their collective civic disposition—that must be more carefully examined and fostered in order to better support civic health. In particular, the article examines a specific effort to build the collective civic disposition of nonprofit-, public-, and private-sector leaders, a topic that has not received significant attention in the literature.

The paucity of literature focusing on the collective civic disposition of leaders offers an opportunity to bring together significant research from different disciplines. The public administration literature contains major scholarly contributions in the area of public service motivation (Perry, 2000; Taylor, 2010) and civic disposition (Kirlin, 2003). In the business literature, researchers have discussed emerging social enterprise models and their relevance to meeting social and revenue-based goals (Martin, 2007; Spear, 2006). Finally, literature in the area of nonprofit administration and economics has examined the role of nonprofits as outlets for altruism and as alternatives to the profit-oriented provision of goods and services (Weisbrod, 1998). At the same time, nonprofits

are increasingly looking to the business sector for methods to increase efficiency and effectiveness (Beck, 2008).

Each of the three sectors—private, public, and nonprofit—exists both separately and in combination with the others. Over the past decade, shared learning has facilitated shared practices that improve, for example, operational efficiency in nonprofits and business opportunities to contribute to the social good. This article maintains that now is an opportune time to explore the collective civic disposition of leaders in all sectors as a new source of vitality for civic health. Arguably, while each sector brings different interests (e.g., profit, public good, and service) to the discussion of civic health, the activities of all sectors are required to effectively advance initiatives. Recognizing the contributions of leaders in all sectors, this article describes a method for reinvigorating civic disposition and building regional social capital to collectively address the negative outcomes of civic health challenges.

As a case in point, consider the regional university campus that took the lead in building a community of practice centered on key leaders in all three The impetus for this effort, aimed at building a collective civic disposition, was the campus's involvement in the National Conference on Citizenship (NCoC) Civic Health Index initiative. The university's role in designing and developing the 2011 and 2015 Indiana Civic Health index provided an opportunity to raise questions regarding not only the level of citizenship of individuals but also the collective disposition of leaders. Indeed, the university's approach to building collective civic disposition serves as an example to institutions and organizations involved in the Civic Health Index or similar initiatives. In the following sections of this article, I discuss the context for the development of a collective civic disposition, including the university's involvement in producing the Indiana Civic Health Index. I then review critical literature in the fields of civic disposition and deliberative democracy, both of which informed the university's approach to facilitating a collective civic disposition among leaders from all sectors. The five-year process of building the social capital of leaders also provided an opportunity for reflection. The lessons learned from the initiative comprise the article's conclusion.

#### **Civic Health Index**

### **National Leadership**

The work of the NCoC over the past 10 years has played a key role in defining civic health, promoting public deliberation about the civic condition, creating civic indicators, and identifying strategies for improving civic health. The groundbreaking 2006 NCoC report, *America's Civic Health Index: Broken Engagement*, showed that from 1975 to 2004, the state of the nation's civic health experienced steep declines. This report confirmed the conclusion of the earlier 1998 blue-ribbon National Commission on Civic Renewal report, which indicated that America was turning into a nation of spectators (NCoC, 2006). The evidence presented by NCoC and others supported a compelling argument for a renewed effort aimed at enhancing civic engagement and spurred a more careful examination of the meaning of *civic health*.

Generally, civic health refers to the level of a community's civic and political connectedness. Within the last five years, however, the American Democracy Project's Campus and Community Civic Health Initiative and NCoC worked with 150 stakeholders to develop a more comprehensive definition of civic health as a reflection of a community's involvement and its social and political strength (Gelmon, 2013). This reformulation captures three important elements of civic health—community involvement, social strength, and political strength—and is the definition employed in this article. Community involvement is a combination of individual engagement and the community's collective capacity to solve problems. Social strength captures the ties, networks, levels of trust, and exchange of knowledge and ideas in a community. Political strength gauges the extent and the quality of interactions that take place among individuals and governments, including traditional measures such as voter registration and voter turnout (Gelmon, 2013).

Over the course of the past 10 years, findings from civic health index studies have informed state and city-level decision-making processes and actions taken by government, business, and nonprofit organizations. For example, in the nonprofit sector, state and national organizations have used the civic health index indicators to organize discussions with local elected officials about social and civic issues, to evaluate the impact of their work in communities, and to strategically plan and invest in civic engagement initiatives (NCoC, 2015). State and local government policymakers have used the index to craft several pieces of legislation, including the Sandra Day O'Connor Civic Education Act. In addition, cabinet-level positions have been promoted by California and New York in an

effort to dedicate more resources to addressing low civic health rankings (NCoC, 2015). Finally, at the national level, the private sector, including major corporations (e.g., Target and Goldman Sachs) have used the civic indicators to explore new ways to motivate employee engagement. They have also invested in expanding civic indicator data collection to the private sector in an effort to define and champion the role of businesses in fostering community engagement and connectedness (NCoC, 2015). Thus, there is strong interest in fostering improved civic health in all sectors.

The actions described in the preceding paragraph point to the challenges and opportunities for increasing knowledge and skills that support civic engagement. Devising such strategies requires deliberation within and across sectors. Within sectors it is evident that deliberation is effecting change by contributing to civic education and civic skill development, and perhaps even assisting in building civic disposition. However, there are few examples of intersectoral collaborations. The state of Indiana, however, is collaborating across sectors—collectively learning about civic health and deliberating next steps.

### **Indiana's Civic Health Index**

The Indiana Civic Health Index (INCHI) was produced collaboratively first in 2011 and then again in 2015. The information reported in the civic health index reflects the choices individuals make with their civic resources (i.e., knowledge, skills, and disposition) as they create their civic lives. These choices reveal one's civic health, or community involvement and social and political strengths.

The results of the 2011 and 2015 indices revealed that Indiana faced critical challenges to its civic health. In 2011, Indiana ranked 43<sup>rd</sup> and 48<sup>th</sup> respectively for voter registration and voter turnout (NCoC, 2011), and for the 2014 midterm elections, the state ranked last in the nation for voter turnout (NCoC, 2015). These results prompted a dialogue among state leaders led by the former congressman Lee Hamilton, and former state of Indiana chief justice Randall Shepard. However, resource constraints limited the opportunity for an extensive state-level investigation of other important INCHI findings such as Indiana residents' strong connection to their families and their weak connection to neighbors. Thus, important relationships remained unexplored and questions unanswered. It became clear that a deeper exploration of the INCHI results and an

improved understanding of the drivers of civic health could be leveraged to strengthen communities and improve outcomes regarding indicators of concern.

In the present context, Indiana University Northwest (IU Northwest) created a unique, regional opportunity to advance dialogue and deliberation among public leaders in all sectors around the results of the civic health index while simultaneously promoting a collective civic disposition. The next section of this article describes the mechanism used to explore the challenges and opportunities identified in the INCHI reports while building collective civic disposition.

# Collective and Deliberative Dialogue

# **Collective Civic Disposition**

The literature of civic disposition focuses exclusively on examining an individual's commitment to democratic citizenship. Kirlin (2003) identified civic disposition as the promotion of the public good, an exemplification of democratic citizenship other moral traits associated with active membership in a community. It is distinguished from the pursuit of benefits by an organization or an individual (Kirlin, 2003). According to Branson (1998), civic disposition refers to a citizen's commitment to the "maintenance and improvement of constitutional democracy" (p. 8). Similarly, Vontz, Thomas, Metcalf, and Patrick (2000) linked civic disposition to those "traits of public and private characters that enable one to exercise rights and responsibilities of citizenship in a democracy and to promote the common good of the society" (p.11).

The literature, however, does not provide a generally accepted definition of collective civic disposition. Drawing on the literature on individual civic disposition (Branson, 1998; Kirlin, 2003; Vontz, 2000) as well as literature from the field of collective impact (Kania, 2012), I offer the following definition for the reader's consideration: Collective civic disposition is the group promotion of the public good in a way that enable leaders from the public, private, and nonprofit sectors to act together to maintain and improve democracy. It should be noted that the values and motivations underlying individual civic dispositions are consistent with collective civic disposition. These values include, for example, affirming the common and equal humanity and dignity of individuals, respecting, protecting, and exercising equally held rights, and exemplifying the moral traits of democratic citizenship and promoting the common good (Patrick, 2003).

However, with a collective civic disposition, the expression of these values and motivations represents a deliberative, collaborative effort.

The coexistence of civic disposition with civic knowledge and skills (participatory and intellectual) engenders a capacity for and commitment to civic engagement (Patrick, 2003). Indeed, the combination of capacity and commitment can move individuals and society from a state of enlightenment to action. Enlightenment does not require a network of relationships; yet, in order for engagement to occur, a network of relationships that functions to support involvement in public life must exist (Kharusi, 2008). A collective civic disposition, supported by a network of relationships, serves this function, and when it is combined with collective civic knowledge and skills, it has the potential to foster deeper and more expansive engagement within communities.

## **Deliberative Dialogue: Facilitating Collective Civic Disposition**

Deliberative dialogue can be used as a vehicle for facilitating the development of a collective civic disposition. This method, adopted by IU Northwest, provided a shared learning environment among nonprofit, business, and public-sector leaders to explore connections between civic health and critical issues facing the northwest Indiana region. The goal was to bring together the wealth of civic knowledge and skills possessed by community leaders and engage all sectors in critical dialogue that both demonstrated and supported the basic principles of civic engagement, while fostering the creation of collective civic disposition.

The current state of civic health is a subject of great concern in all sectors of society. Civic health lays the foundation for governance (public sector), economic activity (private sector), and volunteerism (nonprofit sector)—and its importance is well recognized. The National Civic Health Index, created by NCoC, for example, incorporates indicators that provide information and data on the connections between civic health and all three sectors (NCoC, 2015). These indicators make clear the implications of a decline in civic health in all sectors—reduced levels of volunteerism, for instance, and flagging confidence in business.

In order to facilitate a deeper exploration of the results of the Indiana Civic Health Index and to move leaders from enlightenment to engagement, a deliberative dialogue approach was adopted. Deliberative dialogue builds trust, supports shared learning, and emphasizes the use of logic and reasoning to make

better decisions (National Coalition for Dialogue and Deliberation, 2016). Importantly, dialogue and deliberation are fundamental components of democracy. Dialogue involves people sharing experiences about and perspectives on complex issues (Svara, 2010); it often provides the foundation for deliberation once trust, mutual understanding, and relationships exist (Svara, 2010). Deliberation focuses on examining solutions to issues identified and examined through dialogue (Svara, 2010).

# **Chancellor's Commission on Community Engagement**

## **Structure and Purpose**

The IU Northwest Chancellor's Commission for Community Engagement is composed of leaders in the public, nonprofit, and private sectors from the northwestern region (seven counties) of Indiana. Created by Chancellor W.J. Lowe in 2011, the commission promotes substantive exchange between the campus and the northwest Indiana community by connecting IU Northwest and regional community leaders from the public, private, and nonprofit sectors, along with committed citizens, through engagement with selected issues of shared importance. This group of business, government, and nonprofit leaders come together to bring about positive change in the community. Each sector brings a unique set of assumptions, theories, and actions to the conversation, but all sectors are affected by and affect civic health.

Engaging regional leaders in deliberative dialogue about issues of critical importance to the region (e.g., sustainable economic development, government fiscal sustainability, nonprofit-sector approaches to meeting community needs) affords key decision makers the opportunity to collectively and individually examine their assumptions, theories, and activities regarding the region's and the state's civic health and related issues. This process of dialogue and deliberation is helping to foster a collective civic disposition that can be used to address challenges and leverage opportunities for promoting change. The approach is unique in three ways: First, the focus is on engaging regional leadership; second, the engagement links critical social issues with the status of regional civic health; and finally, a shared practice is being built whereby common knowledge is created among the three sectors.

## **Engaging Regional Leadership: Reflection**

As noted earlier, there are three critical civic abilities that foster and support successful civic engagement: civic knowledge, civic skills, and civic The members of the Chancellor's Commission on Community disposition. Engagement are highly knowledgeable, skilled, and civically motivated. However, prior to the creation of the commission, leaders lacked the opportunity to engage collectively in civic dialogue and deliberation with each other and with the university in a structured, consistent, and meaningful way. The campus recognized this as an opportunity to support the creation of a collective civic disposition among leaders—a responsibility for which the university was well positioned given the expressed commitment to community engagement. The campus organized forums featuring faculty and community experts who presented critical information on current issues while facilitating a process of engagement that built trust and mutual understanding among participants, and supported the development of a network of relationships. In addition, the exchange of ideas, including best practices for decision making, set the stage for deliberation and the potential for collective action.

The individual civic knowledge, skills, and dispositions held by leaders in public, private, and nonprofit sectors can be harnessed to ensure that all aspects of the democratic process are in place and operating well. When this occurs, deliberation moves seamlessly within and among the sectors, and democracy can thrive. When leaders engage in self-reflexive practices—so crucial to social practice and administration—opportunities to overcome institutional inadequacies (Cunliffe & Jun, 2005) and, in the context of an organized community of leaders, to build collective civic disposition arise.

Self-reflexive individuals critically examine the assumptions of current policies and try to understand the gaps that exist in serving their clients and the impacts those gaps have on marginalized groups (Cunliffe & Jun, 2005). They also recognize the need to consider competing interests and positions of struggle (Cunliffe & Jun, 2005). The willingness and ability to consider alternative views when creating or implementing policy may enhance their ability to overcome institutional inadequacies and to develop collaborative and inclusive decision-making processes (Cunliffe & Jun, 2005).

This concept of self-reflexive leaders is widely embraced in the public administration literature. Jun (2006), for example, spoke of the value of self-reflexivity in the public sector. However, the process of self-reflexivity is also

valuable to leaders in the nonprofit and business sectors; that is, thinking more critically about individual and collective approaches to civic engagement will enable leaders to develop a greater awareness of issues. Cunliffe and Jun (2005) asserted that when leaders uncover biases and the power of their assumptions, they are better able to transform their ways of conducting public administration.

The practice of self-reflexivity should not be limited to individuals; rather, when groups of people examine their assumptions, existence, and knowledge of how structures are organized, new opportunities emerge (Cunliffe & Jun, 2005). Beyond the routine, self-reflexive action taken by individuals or individual organizations lies the realm of purposeful action characterized by social responsibility. Leaders must have an opportunity to engage in self-reflexive activities as members of a community. With this opportunity comes enhanced power to effect the transformational change required for communities to truly value civic engagement. Over the past few years, motivated by the results of the Indiana Civic Health Index, one such opportunity was provided to the leaders in Indiana to critically reexamining their assumptions, theories, and activities regarding civic health.

## The Dialogues: Critical Social Issues and Civic Health

The 2011 Indiana Civic Health Index provided an opportunity to examine the current state of civic health and inspired the design of a dialogue among community leaders (NCoC, 2011). The first dialogue focused on issues related specifically to the 2011 National Conference on Citizenship. Taking stock of civic health was an important first step. Indiana's ranking in the areas of voter registration and turnout challenged many leaders' assumption that the state's civic health was comparable to that of most other states. The results indicated actual civic health was not consistent with civic speech and action. To facilitate an authentic dialogue around the relevance of these results to social and economic wellbeing, it was decided that future commission meetings would examine specific connections between civic health indicators and issues of pressing concern to the region (e.g., economic development, poverty, health, and education). Civic health-related research conducted by prominent national organizations, such as NCoC and the Center for Information and Research on Civic Learning (CIRCLE), was combined with that of university faculty and community experts to identify topics for the semi-annual commission meetings. At these meetings, representatives from all three sectors developed common knowledge and shared their distinct perspectives not only on specific regional issues but on the relevance of civic health to transforming communities.

The Chancellor's Commission for Community Engagement forums also supported and encouraged deliberative democratic practice. According to McCoy (2002), constructive communication, dispelled stereotypes, and a listening environment are all benefits of dialogue. Once dialogue is established and deliberation occurs, the community of leaders will benefit from improved critical thinking and well-reasoned arguments (McCoy, 2002). Civic leaders in the northwest Indiana region, as in many urban areas, often find themselves working within their organization or sector to address regional issues of concern. Collective dialogue and deliberation not only improves community and critical thinking; it also sets the stage for the formation of a collective civic disposition for working collaboratively as a group to promote the public good.

In such an environment, there is a "dialogue for weighing, not a debate for winning" (Kettering Foundation, 2003, p. 10). No one group has all the experience and insight needed to decide what is best (Kettering Foundation, 2003). The community leaders see a connection between actions and thoughts and what happens in the community. They also appreciate the value of creating shared knowledge and a shared future. Shared knowledge, or socially constructed knowledge, is created when individuals engage with one another. This form of knowledge is particularly useful when decisions need to be made to resolve issues that require solutions involving more than one sector or that have more than one purpose.

### A Closer Look: Topics Explored and Lessons Learned

The initial examination of the 2011 Indiana Civic Health Index results set the stage for future conversations. Over the course of the next four years, the forums explored issues that emerged as a result of dialogue and deliberation at previous forums. Voting and public trust were topics of great concern in the first meeting held in the fall of 2011. In response, the second commission meeting, which took place in the spring of 2012, explored more thoroughly the relationship between government accountability, public trust, and civic health. Titled "Good Government, Public Trust and Civic Participation," the meeting featured a panel consisting of a faculty expert, the chairman of the regional better government coalition, and state legislators. The panelists shared detailed information about

voting trends and their reflections on the role of public trust in fostering civic participation. As Mathews (2014) noted, all major institutions have suffered significant losses in their public credibility; thus, dialogue on the causes and consequences is critical to reversing these downward trends not only in civic engagement but also in economic development.

The third meeting of the Chancellor's Commission (held in the fall of 2012) built on themes that arose from previous discussions. With the help of three northwest Indiana legislators, including two state senators and one state representative, commission members engaged in thoughtful discussion centered on strengthening accountability and responsiveness of institutions. The meeting expanded the theme of engaged citizenship to include a discussion of the role of anchor institutions in regional economic revitalization. Chancellor Lowe, representing the campus leadership, shared insights on the critical role the university plays as an anchor in the community. The mayor of the City of Gary, where IU Northwest is located, spoke about the importance of university-community partnerships in revitalizing urban communities facing severe economic constraints. Commission members then had an opportunity to interact with university and city leaders working on economic development, citizen engagement, and health care issues in the region, with discussion focusing on the interrelationship of these issues.

Economic development and its relationship to civic health emerged as a theme requiring more thorough examination. Accordingly, the spring 2013 commission meeting built on the theme of engaged citizenship and communities by examining how partnerships foster economic development. The meeting ("Engaged for Change: A Community-University Partnership for Economic Development") brought leaders from Indiana University's Kelley Executive Partners together with a city-university team to discuss methods of improving stakeholder participation in economic decision-making processes. Members were introduced to a decision-making simulation that increases transparency and accountability.

While issues of economic growth and development are of primary concern to community leaders in economically challenged regions, poverty poses another significant barrier to civic participation. In the fall 2013 commission meeting, leaders learned about the direct relationship between poverty and personal economic growth in the region. The commission then engaged in dialogue and

deliberation regarding the resources required to help citizens in need. Faculty and community experts stressed that effective public policy discussions cannot occur without taking into account poverty rates and the presence and persistence of economic disparities. Moving the commission to deliberation, the chancellor stated that the "commission is a good example of making sure that the community knows that we have resources available, but also we want to hear from them and engage them in the kind of conversations to co-create solutions for the future" (Lakeshore Public Media, 2013). The members then wrote down their ideas for ways to maintaining the visibility of poverty concerns as communities consider jobs and growth. Leaders present at the meeting expressed their hope that the ideas would move from paper to progress for local residents (Lakeshore Public Media, 2013).

During the spring and fall of 2014, commission members continued developing shared knowledge and engaging in deliberative dialogue. A presentation on county fiscal affairs and sustainability in the largest county in the region not only stimulated dialogue but also captured the attention of a coalition of leaders examining and promoting principles of good government. Following the spring 2014 commission meeting, the Good Government Committee, composed of business, government, nonprofit, and academic leaders, further explored county fiscal reporting and responsibility and created a deeper shared understanding of the issues surrounding transparency of state-level fiscal operations. Likewise, the fall 2014 meeting ("Collective Leadership for NWI: Young Leaders Reflect on our Region's Future: A Discussion with Recent NWI "20 under 40's") engaged a diverse group of new regional leaders in a discussion focused on building collective leadership capacity to support and transform the future social, economic, and environmental health of communities. Leaders from all sectors shared their visions, imbuing a renewed sense of optimism and realism for addressing regional issues.

Most recently, in the spring of 2015, with the release of the second Indiana Civic Health Index Report, the commission members took stock of statewide findings, both positive and negative. While little progress was shown in the areas of voting and voter registration, members were provided additional insight into possible actions that might support civic health (e.g., higher levels of education). The findings of the 2015 INCHI also indicated that communities differ in their method of civic participation. Additionally, the data showed that all communities

demonstrated a strong sense of community, though communities did vary somewhat in how they expressed their commitment. Rural communities' confidence in institutions was higher than that of suburban or urban communities, but larger percentages of suburban residents registered and voted in elections (NCoC, 2015).

# **Shared Practice: Next Step**

Creating trust and engendering authentic dialogue takes time. The commission forums have facilitated collaborations among members and between the university and the community leaders, but shared practice is a work in progress—a dynamic form of coordination (Wenger, 1998). When members of a group share interests and knowledge, they develop a shared practice by interacting around problems, solutions, and insights, and they build a common store of knowledge (Wenger, 2002). The members of the commission now have the tools—substantive information, informed dialogue, and consistent deliberation to move to the next step: shared practice. The commission meetings will continue. However, shared practice will require leaders to identify and act with a collective civic disposition to address the region's challenges and embrace new opportunities.

### **Conclusion**

There is no shortage of work and dialogue around the many risks that democracy faces. Some researchers have analyzed what is wrong (Etzioni, 1993; Mathews, 2014) and provided recommendations for addressing the challenges, such as discovering common interest by asking, "Who benefits?" (Etzioni, 1993). But there is little known about the interaction of the public, private, and nonprofit sectors as they work together to examine and address issues related to civic health.

The deliberative dialogue facilitated by Indiana University Northwest over the past five years has attempted to create a collective civic disposition and to begin a more careful examination of the role of civic disposition in healing the civic body. Mathews (2014) suggested that one of the reasons why the problems of democracy are not visible is because of the way deliberative democracy has been interpreted. The present focus on deliberation as a tool to promote civil discourse is based on the view that in democracy there is a need to justify or make legitimate decisions in the face of moral disagreement. However, deliberation is

not simply a technique for ensuring civility; rather, it is an essential element of a democracy in which citizens act to produce public goods (Mathews, 2014). Restoring incentives to leaders to mobilize communities is essential (Skocpol, 2003). One way to accomplish this is to provide opportunities for shared learning and connection. When this happens, "democracy persists, not because it is a stagnant ideology or as a methodological formula for behavioral management, but because it is an intrinsic process of human relationship, one most naturally aligned with the dynamic life of collective community" (Dennard 1994). In this way, the democratic process—the ability to trust others and to understand their perspectives—becomes part of the fabric of democracy and the community.

The Chancellor's Commission for Community Engagement has set the stage for creating a civic mind trust in regional leaders, each sector bringing to the table the knowledge and skills of its respective area to effect transformational change in civic health. In this case, it is the university that teaches, listens, facilitates, networks, brings together stakeholders, and hosts dialogue as a civic partner with a deep commitment to building the fabric of democracy within communities and the nation.

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