

OUTREACH AND ENGAGEMENT WORK

The Families and Democracy Project Citizen Health Care

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For the first twenty years of my career, I was a traditional academic teacher and researcher who happened to do a lot of outreach work. I spoke frequently to community groups of families, I offered my consultation and expertise to community-based programs professionals, and I occasionally wrote for the lay public. But I viewed these as service activities that flowed from my core academic work, not as part of the core itself. Beginning in the late 1990s, I made a shift towards integrating my work in the community with my role as an academic—towards what the College of Human Ecology now refers to as public engagement.

This shift came from my involvement with the Center for Democracy and Citizenship, and specifically the work of Harry Boyte and Nancy Kari. I began to examine the ways in which academics and professionals have become cut off not just from the concerns and needs of communities, but also from the knowledge and energy of citizens. From the combined influences of mentoring from Boyte and Kari, readings on civic engagement, and practical experience with several community projects, I developed the Families and Democracy Model as a guide to my new work.

The Families and Democracy Model combines the populist tradition of community organizing with a re-envisioned view of professionals as citizens working alongside other citizens on projects jointly conceived and jointly carried out. The central principles of the model are: a) that families must be engaged as co-producers of initiatives for themselves and their communities, not just as clients or consumers of services; and b) that professionals can play an important catalytic role in fostering citizen initiatives when they develop their public skills as citizen professionals in groups with flattened hierarchies. Over a series of projects my colleagues and I have developed the following set of strategies for implementing this work:

1. Identify an issue that is of great concern to families and professionals in a specific community (health clinic, neighborhood, school, church, school district).
2. Invite informal and formal community leaders to explore collective action.
3. Employ democratic planning and decision making at every step.
4. Emphasize mutual teaching and learning among families.
5. Create ways to fold new learnings back into the community.
6. Continually identify and develop new leaders.
7. Use professional expertise as a resource that is on tap, not on top.
8. Forge a sense of larger purpose beyond helping immediate participants.
9. Work on public visibility inside and outside the community.

10. Communicate the process and outcomes of the project in academic journals, general media outlets, and local community outlets.

My team and I have worked on a wide range of issues, including diabetes care, overscheduled middle class children (www.PuttingFamilyFirst.org), out of control birthday parties (www.BirthdaysWithoutPressure.org), support for fragile new families in urban communities (The Family Formation Project), the Community Engaged Parent Education Project (<http://fsos.cehd.umn.edu/projects/cepe.html>), a depression project in the Hmong community, a project on child success and family well being in the African immigrant community, and a Citizen Father project with low income African American unmarried fathers. In each case, we begin with conversations with community members and then co-create projects and initiatives that are consistent with the philosophy and strategies of the Families and Democracy Model. As an example, the initial framing of the Hmong project is “people who have learned to live with depression helping people who are learning to live with depression.” We are working with a wide range of people from different racial and socioeconomic groups.

After five years of developmental work conducted without funding and on the margins of established community organizations, we are now attracting substantial funding for new projects from federal, state, and foundation sources. And the approach has won the support of leaders in the University’s Department of Family Medicine and Community Health. We now use the term “Citizen Health Care” when we apply the model to medical settings.

At one time I feared that there would be few outlets for this work in traditional academic journals. But I have discovered a surprising degree of openness in my field. Along with my graduate students, I have successfully published articles on Families and Democracy projects in top-tier journals in the family science and family therapy fields. One journal accepted my offer to edit a new section of the journal on Family-Centered Community Building. We now use Action Research as a research model; this approach engages community members as co-creators of research projects at every stage, and involves an ongoing cycle of planning, implementation, evaluation, and changing the intervention based on the evaluation. Once again, I feared that there would be few traditional outlets for this kind of research, but I was proved wrong. In fact, the National Institutes of Health recently announced a new priority area on “Community Participation in Health Care Research” which calls specifically for proposals using Action Research. Along with Tai Mendhenhall, a former graduate student and now faculty member in Family Medicine, I will be applying for federal funding to expand the work we have already done in close collaboration with members of the American Indian community on diabetes self care.

About eight years into this new phase of my career, I now see myself as a citizen academic engaged in collaborative work with other citizens to develop new knowledge about how to change community and cultural systems. I see my work as part of a larger vision of the publicly engaged university giving to and receiving from communities in

equal measure. I am working to make it possible for faculty members of the future to do this integrative work without fearing they will be slighted for tenure and promotion. I am using my leverage as a senior academic in my field to help my graduate students to publish their work in mainstream journals, and they are finding that their competency in publicly engaged scholarship is an attraction to potential academic employers. And I have chaired College and Departmental committees that have expanded the definition of faculty work and created pathways for faculty to be rewarded for engagement work that meets rigorous standards of excellence. There is a tidal shift underway in academia, and I aim to ride it and help move it along.