

Citizen–State Collaboration in Combating COVID-19 in China: Experiences and Lessons From the Perspective of Co-Production

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Abstract

From the perspective of co-production, this article examines how Chinese citizens and governments worked together in fighting against COVID-19 in a health emergency context. Based on observations, as well as analyses of policy documents and self-organization cases, this article shows that Chinese citizens and governments collaborated through three different channels in fighting against the virus, but different channels produced different results. First, through residential committees, Chinese governments successfully mobilized most citizens to comply with stay-at-home orders, contact traced and isolated suspected cases through existing networks within the communities. Second, as a formal channel for state–society interaction during the crisis, government-organized nongovernmental organizations (NGOs) failed in bridging demands of the health system and contributions from citizens. Third, self-organizations emerged as a key informal channel for citizens to fight against the virus. The experiences and lessons learned in this citizen–government collaboration in combating the virus may offer some implications for other settings.

Keywords

citizen–government collaboration, co-production, nonprofit organization, self-organization, China, COVID-19

China's experiences and lessons in fighting against the virus may provide implications for other nations for the following reasons: (1) So far China has achieved preliminary success in combating the virus across the country, although the weak and slow responses in the early stage by provincial and city governments in Wuhan made the war more difficult to win. Chinese people now start to return to work, and people's life are getting back to normal. (2) Compared with the situation in Italy, Spain, and the United States, some key official indicators, such as total confirmed cases and mortality rate in China, are much lower, although we acknowledge that there might be more COVID-19-related death cases than are officially confirmed.

China's fighting against the epidemic started from Wuhan, the capital city of Hubei province. According to the official reports, people got infected in Wuhan city at the end of December 2019. On January 23, 2020, Wuhan, a city with more than 10 million population was officially locked down, just 2 days before the Chinese Lunar New Year. The central government soon sent an inspection team to Wuhan, and then set up emergency response task force headquarters in Wuhan City, which became the new authority center. The central government has mobilized medical aid teams from all over the country to assist in Wuhan and other parts of Hubei

province, including more than 42,600 doctors and nurses according to incomplete statistics. It is a rare phenomenon in the Chinese history that residents were mobilized to follow stay-at-home orders, and all visits to relatives and friends during the Spring Festival were canceled. On April 8, Wuhan was reopened, indicating the preliminary success in the war fighting against COVID-19. Whereas, what happened in Wuhan and other parts of the country during the war against the virus? How did social forces respond and interact with the governments in winning the war? Specifically, from the perspective of co-production and citizen–state interaction, how did the Chinese citizens and governments collaborate to combat COVID-19? What experiences and lessons can be learned from China's war against the virus?

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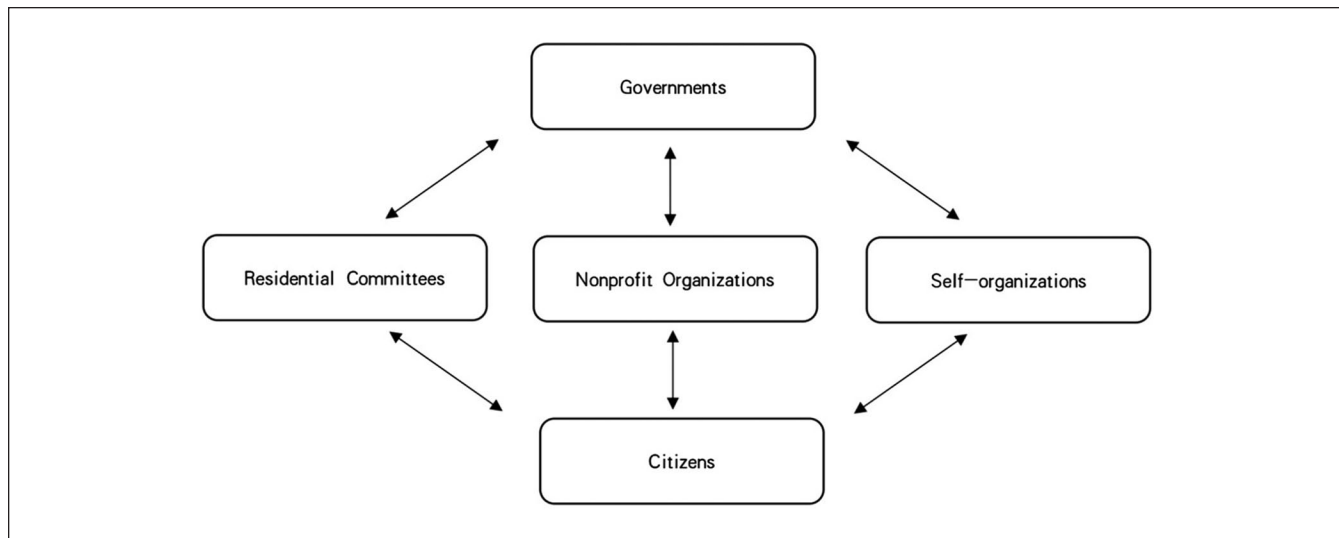


Figure 1. Three channels for citizen–state interaction.

We begin our thinking from the perspective of co-production. In previous literature, co-production was defined as “the critical mix of activities that service agents and citizens contribute to the provision of public services” (Brudney & England, 1983), which include “voluntary involvement of citizens in the provision of publicly provided goods and services or close substitutes” (Ferris, 1984), and “emphasizes the conjoint responsibility of lay citizens and professional government agents for the delivery of public services” (Sharp, 1980). To put it in a simple way, co-production is “the involvement of both users and public sector professionals in the delivery of public services” (Li, 2020a; Nabatchi et al., 2016). However, due to the definitional ambiguity of co-production, scholars tend to acknowledge the varieties of this concept and redefine it from a multi-level multi-phase approach (Nabatchi et al., 2017).

In this article, we define the collective efforts by Chinese citizens and governments in fighting against the novel corona virus as a specific type of co-production in a pandemic crisis setting. We believe that the perspective of co-production offers us a good framework to analyze the citizen–state interaction in such a health emergency context. The public good or service for all actors to co-produce in a pandemic crisis is to stop the spread of the virus and minimize the negative impact of the crisis. In a normal setting, stopping the spread of virus relies not only on the government to develop and provide effective vaccines but also on citizens to voluntarily vaccinate themselves. However, in a pandemic crisis when effective vaccines take a long time to be available, citizen–state collaboration to co-produce the collective efforts and outcomes of social distancing is the only way to stop the spread of the virus and minimize the social cost. As Li (2020b, forthcoming) argued that “coproduction matters for fighting the coronavirus” in a recent commentary paper, we strongly believe that co-production by both citizens and

governments in an emergency context is the best way to overcome a crisis like COVID-19. The goal of this study is to explore and answer how Chinese citizens and governments co-produce their collective efforts to combat the virus in such a health crisis setting.

After the COVID-19 outbreak in Wuhan and mainland China, we have paid close attention to observe the development of the epidemic, collected eight cases of typical self-organizations, and main public policies of epidemic containment and response. Based on the analyses of the materials we collected, three mechanisms or channels for citizen–government co-production have been identified, while different mechanisms produced different results (see Figure 1). The first mechanism is citizen–government collaboration in preventing the spread of the virus through residential committees within communities. The second and third mechanisms are citizen–government collaboration in supporting the health system to save lives and minimize the negative consequences of the crisis through both formal channel, such as government-organized nongovernmental organizations (NGOs), and informal channel, such as self-organizations. In the following parts of this article, we will first describe and illustrate how the Chinese citizens and governments successfully collaborated to prevent the spread of COVID-19 in relatively short period of time. Then, we will discuss how the formal channel of citizen–government collaboration failed in supporting the health system and how the informal channel prevailed.

State Mobilization, Citizen Compliance, and Community Enforcement

Stopping the spread of the virus relies on strong mobilization by the state, full compliance with stay-at-home orders by the citizens, and effective enforcement of the policies on self-isolation, contact tracing, and tracking infections by

community workers in residential committees. The residential committees in Chinese communities are legally autonomous grassroots organizations, but also serve as a governmental liaison to connect residents in the communities (Xu, 2007). As a result of the welfare reform and administration decentralization in China, residential committees play more and more important roles in developing and delivering social services in Chinese communities (Xu, 2007). In most cases, there are two directors and five to seven staff members in a residential committee. According to law, one of the two directors is directly elected by the residents, while the other director is appointed by the street-level government. Both the directors and staff members are called community workers, who are paid with a relatively small amount of allowance by local government (not as full salary). Different from their counterparts in the United States (Musso et al., 2006), residential committees in China are more constructed rather than spontaneous from their origins' perspective, while they have abstained some autonomy recently (Liu, 2016). In a pandemic crisis, we believe residential committees within communities served as an effective mechanism to connect state mobilization and citizen compliance as they became the driving force to enforce the policies to stop the spread of the virus.

After weak and slow responses by provincial and city governments in Wuhan, the Chinese central government stepped in to lock down Wuhan and surrounding areas and started to mobilize a nation-wide response to stop the spread of the virus. The central government has sent out strong signals regarding the danger of the virus through public media to the public since January 20, 2020. The central government also established related policies for local governments to conduct epidemic prevention work. According to the public policy released by the State Council, the epidemic prevention work in urban and rural residential communities is classified and managed differently. The epidemic situation of residential communities is divided into three types generally: the first type is residential community that has no citizen infected; the second type is residential community that has one or a few citizens infected; and the third type is that the epidemic is spreading within the residential community. For different communities, the epidemic prevention measures are different. The general prevention measures include organizational mobilization, health education, information notification, observation of people returning from epidemic areas, sanitation improvement, and material preparation. For communities with a few infected cases or identified as epidemic areas, more restrictions were put on to stop the spread of infections.

With terrible memories from the outbreak of severe acute respiratory syndrome (SARS) in 2003, most citizens in China quickly realized how badly the consequences could be caused by wide spread of the novel coronavirus. Most citizens trusted and followed the information and guidelines provided by public health professionals and officials from the central government coronavirus task force. We do not agree that Chinese

citizens just passively obey orders issued by the government. They are more of a subjective agent, rather than passive obedient. In an emergency context, some residents' participation could be voluntary, while others' participation might be influenced by public administrators. As revealed in a United States' case on public participation, "it is up to administrators to shape the spaces for participation and select the participants in a manner consistent with their understanding of the task to be accomplished" (Eckerd & Heidelberg, 2020). Many of Chinese citizens were very likely to voluntarily sacrifice their freedom to go outside and thus comply with the lock down and/or stay-at-home policies not just because they trusted the central government but also because they were informed of and understood the harmfulness of the virus. Citizens' adequate compliance with the prevention measures is the most effective way to stop spread of the virus before effective therapeutic treatments or vaccines are developed and verified. Thus, Chinese citizens played a key role in preventing the spread of COVID-19 in China by following the prevention measures.

To achieve strong state mobilization and full citizen compliance, millions of community workers of residential committees in communities across the country were empowered to enforce the policies issued by the state to make sure that every citizen followed the lock down or stay-at-home orders to stop the spread of the virus. According to the official statistics by the Ministry of Civil Affairs, nearly 4 million community workers were empowered in fighting against the virus in 650,000 urban and rural residential communities across the entire country.

As a channel connecting the state and its citizens, community workers were able to protect citizens from contracting the virus through dissemination of professional knowledge on epidemic prevention, as well as disinfection and sterilization of community public space. With digital technologies and their familiarity with the communities, community workers also had the capacity and capability to contact trace, identify, and isolate infected cases, suspected cases, and close contacts to infected cases. Digital technologies played a big role in enabling community workers to conduct contact tracing and isolation of cases in Wuhan region and all over the country.

To sum up, due to strong state mobilization and citizen compliance, along with effective enforcement of contact tracing and isolation policies enforced by the community workers of residential committees, Chinese citizens and governments successfully co-produced the public good in such a health crisis setting, that is, stopping the spread of the virus inside and outside Wuhan City.

Government-organized NGOs: A Formal Channel That Failed in Bridging Citizens and the State

Complying with the epidemic prevention measures is not the only way that Chinese citizens can work with the state to defeat the virus. Beyond that, a large group of Chinese

citizens have been actively participating through formal and informal channels to work with the state to co-produce the second collective goal: supporting the health system and minimizing the loss caused by the virus.

One way for Chinese citizens to achieve the second goal is contributing their money and resources, including medical supplies through formal nonprofit organizations to support the health system to fight against the virus and save as more lives as possible. Since the reform in 1978, a growing number of formal nonprofit organizations, both government-organized NGOs and independent NGOs, have been established in China (Ma, 2002; Smith & Zhao, 2016). However, this formal channel did not work well in bridging the high demands of the health system and high volume of contributions from the Chinese citizens. The reason is that the Ministry of Civil Affairs at State Council issued policies to appoint several government-organized NGOs (GONGOs) to be the official organizations that were allowed to receive and distribute money and medical supplies donated by hundreds of thousands citizens across the country. In other words, many independent nonprofit organizations were excluded by the state to serve as channels to bridge the needs of people in Wuhan and contributions of citizens. Specifically, according to the policy, nonprofit organizations in other parts of the country were not allowed to send staff or organize volunteers to enter Hubei Province before the epidemic was terminated. In addition, five GONGOs were designated by the governments to receive and relocate the contributions to the hospitals or people in need. These GONGOs include the Red Cross Society of Hubei Province, Hubei Charity Federation, Hubei Youth Development Foundation, Wuhan Charity Federation, and the Red Cross Society of Wuhan.

In fact, according to incomplete preliminary statistics from Yishan Credit, a third-party online platform to promote information disclosure and transparency of the nonprofit sector in China, more than 36 billion CNY (Chinese Yuan) of monetary and medical supplies contributions were donated nationwide to fight the war against COVID-19 by May 15, 2020. Among these donations, more than 64% (about 23 billion CNY) went to these five GONGOs to support the war against the virus in Wuhan and Hubei Provinces. The fact is that these GONGOs were not capable to manage such a large amount of monetary and material donations from across the country. A lot of chaos emerged from the process in which these designated GONGOs received and distributed the donations to the hospitals and communities in Wuhan. A lot of citizens expressed their dissatisfaction and anger online to criticize the mismanagement, nontransparency, and incompetency of these GONGOs.

The citizens' passion to help and support was very high; however, the government designated formal channel to bridge their contributions and the needs of people in the epidemic areas did not work well. The reason behind this failure of citizen-state collaboration is that the Chinese central government mistakenly thought several appointed organizations would be capable to manage the donations during the outbreak of COVID-19 in Wuhan and Hubei Provinces and that those

GONGOs were the ones that the government trusted the most, compared to independent nonprofit organizations. Even though the nonprofit sector in China has grown substantially in the past few decades (Guo et al., 2012), the Chinese government's general attitude toward nonprofit organization is mixed. The Chinese governments trust and support organizations that have no threats to the political system and can deliver social services to people in need (Zhao et al., 2016). Whereas, they do not trust and even depress the development of independent nonprofit organizations, especially rights-based or religious NGOs that they always thought would be threats to political stability (Teets, 2013). Unfortunately, those trusted GONGOs are the type of nonprofit organizations that have a lot of bureaucracies in their daily operations, are not transparent to the public, and are not capable to do their job well, especially during such a health crisis.

Self-Organizations: An Emerging Informal Channel That Prevailed

Even though the formal channel for citizen-state collaboration did not work well, citizens' passion to participate and devote their efforts to help fighting the war had not decreased. As revealed in cases across the United States, United Kingdom, and the Netherlands, "action from citizens often arise from discontent with existing situations and a feeling that new policies and actions are needed" (Edelenbos et al., 2018). In fact, while the formal channel was criticized by a lot of citizens online and offline, an informal channel, self-organizations, emerged naturally to serve as another way that citizens continued to get involved in the collective efforts fighting against the virus. A lot of voluntary groups and self-organizations were naturally established inside and outside Wuhan City to provide a variety of services to medical professionals, patients, and other people in need.

The services include relief services for vulnerable people such as patients and family members; travel and taxi services; hotel accommodation services for medical professionals when public transportation were closed during the lockdown in Wuhan; and translation services for the collection and purchase of medical supplies (see Table 1). These voluntary groups and self-organizations, along with their activities and efforts, seemed trivial, but made a big difference in the war fighting against the virus.

As seen in Table 1, we collected and selected a group of self-organizations that are representative of citizens' efforts in helping support the health system and people in need during the crisis. For instance, a group of local hotel owners in Wuhan City self-organized to establish the "Wuhan Medical Hotel Support Alliance" to collectively provide free hotel accommodation to medical professionals, especially those who came from other provinces to help fight the virus in Wuhan. These voluntary actions and efforts represent citizens' compassion, citizenship, and responsibility to contribute to fighting against the virus.

Table 1. Self-Organizations During the Lockdown Period in Wuhan.

Name of organizations	Content of services	Actor and strategy
1. Life support network	Set up online medical care team to provide medical consultation, psychological counseling for home isolation patients.	The sponsor is a group of doctors, and those members with social work and psychological background are recruited through the internet
2. Wuhan medical hotel support alliance	Accommodation for front-line medical professionals	More than 300 hotel business owners in Wuhan
3. Delivery men alliance	Transportation service for frontline medical professionals	A delivery man set up a team of volunteers to send medical professionals from hospital to home
4. Volunteer translation group	Provision of translation medical resources for procurement globally	A young man who opened a youth inn near Wuhan University set up a group online. The members are his WeChat friends and relatives who know some foreign languages
5. Anti-epidemic alliance	Raise funds to purchase materials for hospitals	The sponsor is a college student and members of the volunteer team are mostly born after 1995 and even 2000.
6. Social workers group	Provide psychological counseling, emotional support and health assessment for patients and their families	The sponsor is a social work teacher at Wuhan University and integrates more than 70 people in different disciplines
7. Anti-epidemic volunteer group	Deny the rumor online, share epidemic information and do the popularization of science	The founder is an entrepreneur in Wuhan internet field and graduated from Huazhong University of Science and Technology in Wuhan. The group members are his WeChat friends
8. Volunteer group in residential community	Homeowners' association mobilizes the residents via WeChat to protect themselves and help each other	The sponsor is the director of homeowners' association and professor in university

In general, these self-organizations have the following characteristics: (1) they had no formal organizational form and were not registered, but they were very flexible and sensitive to demands and needs of people in the crisis; (2) they are more like a loose alliance composed of different social groups; (3) they were often initiated by one or a few individuals who, as pioneers, dedicated their mission to help the people in the epidemic crisis; and (4) most of them were composed of volunteers, who were willing to voluntarily contribute their time, resources and efforts without seeking any kind of returns and thus are very different from the paid-staff formal nonprofit organizations (Smith, 2000).

This informal channel worked well due to several reasons. First, self-organizations can act quickly, effectively, and collectively because of their flexibility and sensitivity in response to demanded service needs. Second, as voluntary self-organizations that were not formally registered, they were not restricted or intervened by the government. Third, they had clear missions and goals and focused on achieving them. Finally, they combined both online and offline strategies in providing the services and achieving their goals.

When the formal channel did not work well, the informal channel through those self-organizations made it possible for citizens to continue their passion and efforts to contribute to winning the war against the virus in Wuhan and other affected areas. The efforts and contributions made by these voluntary self-organizations seems trivial, but the meaning and real impact should not be underestimated because they represented

collective mission and passion of Chinese citizens to defeat the virus during such a health crisis.

Reflections and Concluding Remarks

The collective responses to the novel coronavirus by Chinese citizens and governments have shown both successes and failures. We have shown three mechanisms or channels through which the Chinese citizens participated along with the governments in fighting the war against the novel coronavirus. We have seen how strong state mobilization, adequate citizen compliance, and effective community enforcement made it possible for China to contain the spread of the virus. We have also shown how formal nonprofit organizations (GONGOs) failed but informal self-organizations prevailed in serving as effective channels to bridge the demanding needs of people in the epidemic center and compassionate contributions of the Chinese citizens. We believe the experiences and lessons learned from China's response to the virus can provide insights or implications to other settings or areas, though some of these practices may not be fully applicable.

First, strong mobilization from central and local governments is critical in responding to stop the spread of such a highly contagious virus. Governments' capacity to respond to such a health crisis in an emergency context is very important in leading the collective efforts to fight the war against the virus. When facing this type of health crisis, we need a

strong and effective government system that has the capacity to respond and mobilize its citizens to fight the virus collectively. As Fukuyama (2020) argued, in fighting against the virus, “the crucial determinant in performance will not be the type of regime, but the state’s capacity and above all, trust in government.” However, without adequate voluntary compliance with the prevention measures by citizens, the efforts made by the governments to mobilize might be wasted and insufficient. Citizens in each country have the responsibility to act and behave cautiously to protect not just themselves, but also others. The virus does not discriminate anybody. The spread of the virus is like a social trap from which nobody can escape if most people in the society do not act responsibly to stop it.

Second, effective enforcement of prevention measures is very important, but its effectiveness relies on a strong and large group of professionals that have the capabilities to enforce the measures. For countries that do not have strong government capacity to mobilize citizens or adequate voluntary compliance from citizens, effective enforcement of prevention measures, such as social distancing, contact tracing, and isolation, at the community level, would become the most important factor in deciding the success of containing or mitigating the spread of the virus. This would require a strong team of professionals who are capable to enforce the prevention measures in local communities. No matter how local communities are governed in different countries, the capabilities that local communities should have in enforcing the prevention measures are the most important assets that are critical to stop the spread of the virus.

Finally, when citizens and the state work together to collectively respond to such a health crisis, the nonprofit sector can serve as effective channels to help just as they could play a big role in providing public service through co-production in normal settings or responding to natural disasters in emergency settings through collaboration with the state (Kapucu, 2006; Simo & Bies, 2007). In the case of China, the formal nonprofit organizations, especially government-organized NGOs did not perform well. China’s lessons could be avoided in other contexts. We should not ignore the importance of the nonprofit sector and voluntary actions in responding to crises, especially voluntary groups and self-organizations. Thus, the government should not only allow and support the growth of nonprofit organizations and voluntary actions but also embrace the efforts that they could contribute in both unusual and usual times. A strong civil society and a healthy state–society relation will only make a country better prepared for crises like the pandemic of COVID-19. In addition, we argue that nonprofit organizations could contribute even more to minimizing the negative impacts caused by the pandemic in the later mitigation or post-crisis stage by providing various services to different populations as they are sensitive to different needs from various vulnerable populations directly or indirectly affected by crises.

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