Addressing Health Education Responsibilities and Competencies Through Service Learning

Kathleen J. Young[1] and Caile Spear[2]

[1]*California State University, Northridge*
[2]*Boise State University*

Abstract

It is in the best interest of all academic preparation programs in the health professions to address and adjust their programs as health and healthcare continues to change (Clark, 1999). As a result of some of these changes, health education as a profession has become more community-focused and committed to the development of community-academic partnerships. Many universities are finding themselves integrating service learning pedagogy into their professional preparation programs. As such, service learning activities provide health education majors with the opportunities to participate in community organizing and building as well as practicing many of the National Commission for Health Education Credentialing (NCHEC) responsibilities early on in their academic development. This paper will provide examples of how health education courses can integrate service learning pedagogy into their programs while reinforcing the seven core health education responsibilities into practice.

Keywords: Service Learning (SL), credentialing, Health Education, Skill-building

Introduction

As the United States healthcare system continuously shifts, the health professions must make adjustments in order to remain progressive (Clark, 1999). A strong trend that has emerged is the development of community-academic partnerships (Clark, 1999). As the practice of health education has become more community-focused and participatory, the integration of service learning (SL) activities into educational programs has increased (Campus Compact, 2003). SL activities provide health education majors with the opportunities to participate in community organizing and building, as well as practicing many of the National Commission for Health Education Credentialing (NCHEC) identified responsibilities early on in the prospective candidate's academic development.

In order for the discipline of health education to stay abreast of these current and emerging trends at the community level, educational preparation programs must prepare the prospective health educator appropriately. To address contemporary trends, undergraduate and graduate programs in school, community, and public health are increasing the number of classes incorporating service learning pedagogy in their preparation programs (Bajracharya & Spear 2000; Campus Compact 2003). Brukardt, Holland, Percy & Zimpher (2004) stated: "Faculty are energizing their scholarship and research through community collaborations, students are discovering the value of experiential and service learning, and academic and civic leaders are finding new, mutually-beneficial partnerships that unite town and town in enriching the common good" (p. ii). As health education programs incorporate service learning, the resulting partnerships, between academia and the community, can become powerful tools for improving the health of a community (Commission on Community-Engaged Scholarship, 2005).

For the purpose of this article, the authors will present and discuss the seven NCHEC competencies and how SL activities provide students with learning opportunities to build,

and practice, the various responsibilities prior to entering the workforce. This paper will also show how SL provides students with active-learning opportunities while providing a service to a prospective community.

What is Service Learning?

Teaching and learning environments across all disciplines in academia have expanded beyond the traditional classroom (Steffes, 2004). Service learning is an example of a non-traditional form of pedagogy. Service learning by definition is "a teaching and learning strategy that integrates meaningful community service with instruction and reflection to enrich the learning experience, teach civic responsibility, and strengthen communities" (National Service Learning Clearinghouse, 2005). The National Youth Leadership (2005) defines SL as "an educational method that entwines the threads of experiential learning and community service. It meets educational objectives through real-world experiences, while tapping youth as resources to benefit their schools and communities." In service learning, the "service" to a potential community member(s) is as important as the learning opportunity for the student. A critical element of SL is to provide a service to a community in need while meeting classroom content learning objectives (Cooper, 2005).

SL is a collaborative partnership between an academic institution and the communities it serves. These communities can be within (e.g., student health center) as well as outside the university setting (e.g., domestic violence shelter, food bank, a public school). SL is one of the most applicable forms of experiential learning for health education students. Many of the core concepts of SL are at the heart of the discipline of health education and its' academic preparation programs. SL can create a strong human connection between academic and community settings. SL provides health education majors with the immediate opportunity to participate in formalized community health activities while actively engaging in a needed service for a community. Most importantly, SL provides both the health education student and supervising faculty member with the means to connect with various levels of "community." This develops a bridge between health education students and community members. The development of authentic partnerships can take immediate shape between the student and the potential community when the supervising instructor facilitates the proper and formalized exchange between both parties. Authentic partnerships between the academic setting and its community base are critical in building the bridges of collaboration and community organizing and building (Minkler, 2005).

Additionally, many service learning elements are aimed at assisting students in overall professional development such as: leadership, interdisciplinary teamwork and collaboration, public speaking, coalition exposure and development, media advocacy, and public policy strategy development (Clark, 1999). Central to SL is the potential not only to address and meet many of the seven NCHEC responsibilities but also to build on critical elements of learning that are based on civic engagement, social activism, and community advocacy. Eyler and Gile's (1999) study of student SL projects indicated the following outcomes related to student involvement:

1. "Increased sense of citizenship.
2. Development of stronger analytical and problem-solving skills.
3. Enhanced social and leadership skills.
4. Great cultural awareness and tolerance
5. Improved interpersonal development." (p. 49).

According to Clark (1999), SL also provides students with opportunities to identify and build a professional identity. The authors of this article would suggest a broader impact in that while the student develops a sense of professional identity, SL involvement also provides the student with the opportunity to independently reflect, assess, and reshape the future direction of his/her professional practice. In doing so, character development (integrity, professionalism, and ethics) become central to the student's participation and experiences in SL.

Service Learning in Health Education

Health education is a profession requiring the application of moment-to-moment multi-tasking in various content areas. Health educators must be proficient in health content areas as well as in program development, implementation, and evaluation (NCHEC, 2005). The defined responsibilities and their corresponding competencies represent the scope and practice of entry-level health educators. These responsibilities are the culmination of the work of the National Task Force on the Preparation and Practice of Health Educators, which published these roles in the Framework for the Development of Competency-Based Curricula for Entry Level Health Educators in 1985 (Cottrell, Girvan, & McKenzie, 2005; Frauenknecht, 2003). NCHEC has identified the following seven overarching responsibilities:

1. Assessing individual and community needs for health education.
2. Planning effective health education programs.
3. Implementing health education programs.
4. Evaluating effectiveness of health education programs.
5. Coordinating provision of health education services.
6. Acting as a resource person in health education.
7. Communicating health, and health education needs, concerns, and resources (NCHEC, 2005).

NCHEC has provided further clarification of the scope and practice by identifying a complete listing of the responsibilities, competencies and sub-competencies for each responsibility on the web at http://www.nchec.org/aboutnchec/rc.htm. Health education professionals work in a variety of settings including schools, healthcare facilities, corporate worksite settings, and in public communities. Health education preparation programs may not provide coursework that addresses the appropriate preparation for each of these settings (McKenzie, 2004). Service learning activities can assist in filling these gaps (Bajracharya & Spear, 2000). SL can also provide the prospective health education professional with the opportunity to apply the NCHEC responsibilities in contemporaneous individual and community settings.

Bridging NCHEC Responsibilities in a Community Service Learning Setting

Service learning is a wonderful "avenue" for guiding students through the process of developing and enhancing many of the NCHEC responsibility "skill" sets. Students apply the course objectives and concepts in an "actual" community setting. The community benefits from the service and the students develop professional skills. The following section will discuss and present examples of how the NCHEC responsibilities and various competencies can be developed and enhanced through formalized service learning activities.

NCHEC Responsibility I: Assessing individual and community needs for health education

Example: Many health education preparation programs offer an introductory personal health course. In this course, students are exposed to the basic concepts of health and healthcare maintenance. Course objectives include distinguishing between behaviors that foster and those that hinder well-being; investigating physical, social, emotional, and intellectual factors influencing their health behaviors, and identifying behaviors that tend to promote or compromise health. For example, during a particular service learning project, students researched and observed how individuals experienced barriers to adopting and/or maintaining a given health behavior. Students engaged in a semester-long health behavior change project were provided with the opportunity to observe the challenges their clients face in altering a given health behavior. A reflection component of this assignment required students to compare and contrast their experiences to those of the clients they served. Through interactions with onsite client(s) and classroom reflection activities, students were provided with opportunities to recognize the role of learning and affective experiences in shaping patterns of health behaviors.

NCHEC Responsibility II: Planning effective health education programs

Example: A health education program-planning course provides students with the opportunity to prepare a campus or local community health event. Many health education preparation programs require students to design, implement, and evaluate a program such as an annual health fair for their campus or local community.

Students recruit community organizations, resource people, and potential participants for support and assistance during the program planning process. For example, a class divided into work groups and each group created a work plan to guide the planning process. This procedure helped students learn how to develop a logical scope and sequence plan for a health education program, (Responsibility II: Competency B). In this instance, students hosted a large event, practiced problem-solving, leadership and collaborative skills. In this same class, students developed and conducted a needs assessment in order to determine the health needs of an intended audience. Data collected from the needs assessment directed students in researching appropriate health care providers for the identified community, (Responsibility I). The (identified) community benefits associated with this assignment included obtaining self-selected health care providers.

NCHEC Responsibility III: Implementing health education programs

Example: In health education program implementation, health educators must know how to use a wide-range of educational methods and techniques. Health education students are sent out to work for community agencies and are often asked to develop and teach various workshops and classes. This type of service learning activity provides students with opportunities to assess baseline knowledge of an intended audience in regard to the program objectives, (Responsibility III, Competency B). Each "situational" setting allows students to select appropriate delivery methods for a given individual and/or group environment (Responsibility III, Competency C). Students assess and select the appropriate instructional equipment and other instructional media for the specific presentation. As in any health education program, students also need to decide who will deliver the content, determine the program length, and select appropriate equipment and information resources for the intended audience. The implementation of a workshop requires students to practice their public speaking skills and helps them to develop a professional identity as a health educator. Many community health agencies request this type of assistance due to staffing shortages and lack of program resources. Additional benefits of this arrangement are that the agency receives help in creating programs at a reduced cost, the ability to access external resource assistance, and opportunities to work with "innovative" professionals (student majors) newly entering the field of health education.

NCHEC Responsibility IV: Evaluating effectiveness of health education programs

Example: Community health agencies may not have the appropriate resources to hire an evaluator to assess the impact of their programs. Students in a graduate-level statistics or evaluation course often request "hands-on" experience while enrolled in these types of courses. A faculty member, in conjunction with the agency contact person will often times locate projects that help students learn about various evaluation strategies while assisting with the agency's evaluation needs. For example, a local non-profit health organization wanted to evaluate the impact of their coalition outreach-training program across a rural state. The initial contact was made by the agency (in need) to the local University. A timeline was developed by both the University-level (health education) evaluation class and the agency contact person. The health education evaluation class reviewed the program objectives, created a survey, and mailed it out to the community. After collecting and analyzing the data, students met with the agency for a final report of the results. Students discussed the results as well as addressed questions posed by the agency. This example demonstrates how the evaluation class was provided with experience in an actual program setting. The SL activity benefited both the agency and the students. The agency took the

final report back to their board of directors while the students were able to discuss an actual "case-study" in class. In addition, students were also eager to place the experience on their resume. One of the biggest benefits for students in this example was, that, the SL activity provided them with the opportunity to not only provide a needed service to a local agency but that they gained experience in the area of evaluation. Typically, students feel empowered when they are provided with the opportunity to practice a new skill. The faculty member also used this activity (in the evaluation course) to discuss the types of ethical issues that arose during the data collection and analysis of the project. Students utilized their problem-solving skills and also saw how data is used in the development of public policy.

NCHEC Responsibility V: Coordinating provision of health education services

Example: Health behaviors and issues can be very complex, and often times, health educators are required to coordinate provisions of health education services to a community in need. This requires health educators to develop strategies to coordinate and facilitate workable collaborative plans between the service provider and community members (NCHEC, 2005). The previous illustration of the student-led health fair (under NCHEC Responsibility II) is also a good example of coordinated health services for a community. After completing a formal needs assessment, students researched the pre-existing community resources on hand for the intended population. Whether students work on a campus health fair or for a local community event, students need to coordinate with the healthcare vendors and providers. Prospective clients want diverse services such as immunizations, body fat composition testing, current nutritional information, local community service resource manuals, STD/AIDS testing information, dental check-ups and stress management techniques. Students may not have expertise in all of these areas, but by researching the resources in their community, they have located and coordinated information regarding the availability of health care services in the community. Students may also be able to determine gaps and overlaps of services within a community (Responsibility V, Competency A). For example, two hospitals in a community both provided breast health services but after researching the hospitals, students in the SL activity determined Hospital "A" had implemented a new car seat program. The state has just passed a law requiring car seats, for children up to seven years of age, so Hospital "A" asked to provide a car seat safety check while Hospital "B" was asked to provide breast health information. As such, both hospitals were invited to the health fair, but each showcases a different health topic enabling students to avoid an overlap of resources (Responsibility V, Competency B). The SL outcome from the activity included providing the intended audience with a centralized health fair of high quality health care providers. Students on the other hand, learned how to research and network with community members and others from health related disciplines such as nursing, dentistry, medicine, and physical therapy.

Responsibility VI: Acting as a resource person in health education

Example: People in general are quick to share what they know about the latest diet, exercise program, or heart disease research study. People have access to vast resources of health information on the Internet but there is great variation in the accuracy of online health content (Mitretek Systems, 1999). Health educators must stay current on health news in order to dispel the myths as well as reinforce accurate information. For example, a local non-profit health organization provided social services to low-income pregnant women. The agency director met with a local University faculty member and expressed a need for quality health information for their agency's clients. The student's service learning project entailed working with the agency to locate the most common client health questions. Students were then taught how to use the computerized retrieval systems to find accurate sources, (Responsibility VI, Competency A). The service learning faculty member provided a classroom lesson for the students on how to assess quality sites. Students retrieved information from various databases, articles, and web pages in order to create a culturally competent resource manual, written at

the appropriate literacy level for the prospective client(s). Other agencies in the surrounding community, shared a need that their existing resource manual needed to be updated. Students were asked to research and update the various manuals. The benefit for the agencies was an updated resource manual and the service learning students learned more about the available resources within their own community.

NCHEC Responsibility VII: Communicating health and health education needs, concerns, and resources

Example: A local school district wanted to assess their health education curriculum and the chair of the school health education department wanted to create a health advisory board to guide the decision making process. Students from a local University were asked to conduct a focus group of community members (students and parents) to gather various community viewpoints regarding the health education content in the schools, and to turn in the results of information to the district advisory board (Responsibility VII, Competency B). Example 2: An immigrant resettlement agency needed students to help refugees increase their health literacy. Students created several scenarios and role-played doctor's filling a prescription or following up on an insurance claim. The immigrants in this example learned how to navigate the local health care system and practiced various interactions as a new health care consumer. Prior to this SL activity, the immigrant assistance agency had not provided this type of education to its constituents. This activity helped the agency in their mission to increase client self-sufficiency. Working with the immigrant relocation agency provided the students with an excellent opportunity to participate in hands-on cultural competency experiences as well.

Conclusion

The integration of service learning into heath education preparation programs has brought about a very valuable model for strengthening community-academic partnerships. Health education professionals continuously search for ways to strengthen community-campus relationships (Cauley et al., 2001). SL partnerships over time lend themselves to providing better opportunities for community-academic interactions (Cauley et al., 2001). SL pedagogy enables students to build, and practice, the various NCHEC responsibilities. When SL is experienced in the initial stages of academic life, it helps students to build upon relationships with future communities they will be serving and also to strengthen many of the NCHEC responsibilities they will need to know prior to entering the workforce.

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Author Information
Kathleen J. Young, Ph.D.*
California State University, Northridge
E-Mail: Kathleen.Young@csun.edu

Caile Spear, Ph.D., CHES
Boise State University

* corresponding author