

Peer Reviewed Article

Ingredients for Enhanced Health Curriculum: Service-Learning; Community; and Students

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ABSTRACT

College courses provide an ideal setting for addressing professional preparation concerning the application of the Areas of Responsibility for Health Education Specialists. University instructors and future professionals will be presented with an evidence-based approach to building a service-learning project grounded in these health education principles.

Objectives: Following the pedagogical implementation of the service-learning project, college students will be able to demonstrate integration of the NCHES Seven Areas of Responsibility; design, implement, and evaluate a health promotion intervention; and assess the potential impact of service-learning.

Target Audience: College students in the field of health education/promotion and has the capacity to extend to general health courses

Introduction

Service-learning integrates methods of teaching and learning into a synergistic concept. By applying what is learned in the classroom through service to the community, the students benefit from a deeper understanding of course material (Cashman & Seifer, 2008). Service-learning allows for students to understand how to intervene on factors affecting the health and well-being of a population. Furthermore, the community participants should benefit through the service provided by the students (Deeley, 2010). As a pedagogical strategy that seeks to fuse traditional academic curriculum with community involvement, service-learning enhances the learning environment of the student through meaningful service. Service-learning increases student understanding of course content and learning of intervention techniques related to health disparities (Cashman & Seifer). Additionally, service-learning in a health education curriculum can increase relationships between the undergraduate

health education experience and community agencies or public school districts. This is accomplished when undergraduate students are integrated into public school programs at an earlier stage in their college courses with increased frequency of exposure (Hodges & Videto, 2008).

Health education students enhance their comprehension and skills related to the seven areas of responsibility of a health educator when exposed to field experience through service-learning. Students may not fully understand the health education responsibilities unless provided with an opportunity to experience their application and to describe from first-hand experience the skills needed to successfully implement the areas of responsibility (Hodges and Videto, 2008).

Instruction of such health education courses incorporating service-learning benefit from the pedagogical method of “flipping the classroom”. Instead of delivery by lecture only and assigning homework or projects that are done outside of class, class time is used for the development and

application of homework related to a service-learning project that serves to enhance the subject matter. The implementation of a service-learning project within course curriculum will require oversight and facilitation by the instructor that may initially seem arduous, but with continual modification and evaluation, the process becomes less laborious; but the experiential learning and application provided to the students is invaluable.

Objectives

By the end of this service-learning project, students will be able to:

- design, implement, and evaluate a health education event.
- assign responsibilities and expectations for group members throughout the duration of the project.
- identify stakeholders for inclusion in the planning stages.
- utilize process evaluation to modify implementation.
- assess university community participant knowledge.
- evaluate the course.
- assess the potential impact of service-learning.
- demonstrate integration of the NCHEC Seven Areas of Responsibility for Health Education Specialist

Materials and Resources

- CIPP (Context, Input, Process, and Product Evaluation) Model
- NCHEC Seven Areas of Responsibility for Health Education Specialists
- Characteristics of service-learning (table 1)
- Instruments for course evaluation and assessment of community knowledge
- Tri-fold boards
- Event promotional material

Primary Audience

The example project targeted college students in a general education, drug course, but can be modified for any general education health course.

Procedures

Engaging students to understand the application of health education is a struggle if they are not majoring in the subject matter. Service-learning can be used as a bridge that synergistically balances the needs of the students in the course, as well as the need of the university community that they serve. Prior to implementation, this project requires fundamental knowledge of service-learning and the seven areas of responsibility for health education specialists to link project and course outcomes. The project aims to systematically utilize components of service-learning and the areas of responsibility to identify and apply learned concepts, culminating in the eventual implementation and evaluation of the project. Preparation for course implementation should include the following steps.

Step 1: pick the community you wish to have the students work with. In addition, identify the location, date, and time for the service-learning event. The example project used the college campus population as the community and identified a date in November to hold a drug and alcohol health fair that was titled “Just Say NO!vember”.

Step 2: develop evaluation strategies in order to assess objectives and determine the impact of the implementation within course curriculum. While evaluation is often associated as the terminal step in an effective service-learning program, evaluation can be adequately incorporated at every stage of service-learning projects (Zhang et al., 2011).

Step 3: a framework or model should be used by the instructor as a step-by-step guide to strengthen and improve the service-learning program (Stufflebeam, 2003). One such framework that provides specific guidance in assessing a service-learning program is the CIPP Model (Context, Input, Process, and Product Evaluation). These components are designed to identify specific needs and barriers within a community, develop a program to address those needs, effectively monitor program progress, and assess the effectiveness of program outcomes. The first three components of the CIPP model seek to improve the planning and implementation while the last component provides an outcome evaluation of the program (Frye & Hemmer, 2012).

Context Evaluation of the CIPP Model

Context evaluation guides the planning stages of a service-learning project. This component also seeks to define the educational as well as community needs and identify potential problems or barriers that would prevent needs from being met (Zhang et al., 2011). Additionally, context evaluation allows for identification of expertise and resources available as well as potential funding opportunities or administrative support. By using evaluation to anticipate potential shortcomings, goals and objectives can be defined to effectively utilize resources and partnerships to impact the needs of the students as well the community (Frye & Hemmer, 2012). Remember, that many of the following context steps may take place over multiple weeks. This is not in place of general educational content, but rather in addition to existing curriculum. The following is based on a 15 week semester course for implementation.

Week 1: Provide an overview of the NCHCEC Seven Areas of Responsibility for the Health Education Specialist to provide a foundation for the field of health promotion and eventual application of components through service-learning. The seven areas of responsibility are identified as:

- Area I: Assess Needs, Assets and Capacity for Health Education
- Area II: Plan Health Education
- Area III: Implement Health Education
- Area IV: Conduct Evaluation and Research Related to Health Education
- Area V: Administer and Manage Health Education
- Area VI: Serve as a Health Education Resource Person
- Area VII: Communicate and Advocate for Health and Health Education

Explain there are many competencies and sub-competencies to NCHCEC roles and responsibilities, but it is important for students to understand how each area articulates with specific components of designing a health intervention or project.

Week 2: It is important to explain the components of service-learning.

Service-learning component 1: an effective service-learning program must provide meaningful experiences that will foster personal-social attributes such as leadership, teamwork, and cooperation among all involved.

Service-learning component 2: effective service-learning also provides students the opportunity to apply knowledge to address community needs that are multifaceted in nature as compared to traditional classroom instruction where student application of course content is more generalized or abstract.

Service-learning component 3: reflection and evaluation of the service must take place by the stakeholders involved, including the instructor, students, and the community being served in order to be meaningful.

Week 3: Students should be separated into groups. It is important that the instructor assume responsibility of the group selection process to ensure a level of group diversity that may mimic real world settings. This may be accomplished through a random selection process or the active selection of participants who have minimal interaction with each other. Ensuring an adequate level of diversity within each group affords the instructor the opportunity to illustrate productive processes necessary to facilitate group cohesion. In the example project, the DISC personality test was used. The DISC personality test categorizes participants as: Dominance - relating to control, power and assertiveness; Influence - relating to social situations and communication; Steadiness (submission) - relating to patience, persistence, and thoughtfulness; Conscientiousness (or caution) - relating to structure and organization. Students were divided using this method in order to characterize and experience differing personality styles that might be encountered in a professional group setting and facilitate opportunities to identify and utilize individual strengths to achieve group success.

Week 4: Groups should be developed by a representative of each personality type as identified by the personality test administered. Each group will assign roles for every member such as station leader, marketing leader, supply organizer, and station presenter. Additionally, groups should assign job descriptions to the assigned roles, and develop a contract of work ethic, expectations, and consequences. This contract should be signed by each group member.

Week 5: As the instructor, you have previously identified the community you wish to work with. In the example project the university population served as the community. Present the community you have previously selected to the class. Instruct the groups to identify the need of the selected community. In the example project, the need was established through a literature review of college drug and alcohol use.

Week 6: Each group should establish a topic they wish to design an educational health fair booth around. In the example project, the topics were related to drugs and alcohol. Each group should select a topic with no two groups having the same topic. Topics chosen in the example project included: cocaine, marijuana, alcohol effects on sexuality, sport enhancers, etc.

Weeks 7-8: Groups should identify key stakeholders to collaborate with in the implementation of the service-learning event. In the example project, the student health center, kinesiology club, and the student government organization was partnered with for the implementation.

Input

The input evaluation of the CIPP model focuses on assessing diverse approaches to implementation of a program with the goal of determining an optimal method that effectively addresses the needs identified through the previous context evaluation (Frye & Hemmer, 2012). The purpose of input evaluation is to weigh all available options, taking into account the cost-effectiveness or feasibility of

proposed approaches to clearly identify an optimal strategy to meet the needs of students and the community (Stufflebeam, 2003). During the input evaluation, the utilization of turning the classroom “inside-out” assures that students have a voice in the development of the service-learning project. Students will be able to voice their opinions individually and collectively. Additionally, students should learn the application of working with all stakeholders to develop a university community service-learning project (Zhang et al., 2011, p. 65).

Weeks 9-11: Each group is responsible for the following: a poster board with educational information; an original handout with educational information; an educational activity that reinforces the information; an evaluation tool for their “booth” completed by community participants; as well as prizes for the community participants. The marketing leaders of each group were tasked with devising promotional strategies to maximize student university community participation. The example project, “Just Say NO!vember” used promotion through emails, flyers, posters, shirts, word of mouth and social media websites such as Facebook. In addition, through work with stakeholders the example project used the event as a required drug and alcohol education event for all club and other campus student organization officers.

Assessment

Process

Process evaluation occurs throughout the duration of the service-learning course, allowing for reevaluation and adjustment of resources or objectives if they are found to be suboptimal for achieving program goals. Due to the dynamic nature of process evaluations, adjustment can be made on-site during an implementation based on feedback received from the evaluation (Zhang et al., 2011). This on-site evaluation allows the instructor to guide in-process revisions that may result from inadequate equipment, space, or participants not carrying out their roles. Process evaluation may also be implemented in retrospect as a tool to assess the

actual implementation as it happened in order to alter future implementations to increase effectiveness (Frye & Hemmer, 2012). Methods to assess the implementation include observation, reflection from students and participants, surveys, records analysis, and document review (Zhang et al., 2011).

Week 12: As a way to provide formative evaluation for each group's project, a trial run-through should be organized in order for all student groups to present their information for instructor feedback prior to the actual service-learning event. This feedback should be incorporated to allow for correction of mistakes and/or organizational structure of group poster boards and handouts. The feedback will address issues such as organization and accuracy of information. Emphasis should also be placed on appropriate in-text citation of sources and the presenter's mastery of subject material in order to serve as a resource for community participants. Students should also practice the activity selected to enforce subject matter content at their respective booth.

Week 13: The implementation of the project should take place at the pre-selected location, date, and time. The implementation should be actively evaluated to ensure that stakeholder roles are

carried out. This includes ensuring all equipment needed for the event is present. Additionally, the instructor should continue to assess potential needs of collaborating stakeholders and address them. The community member participation should be monitored by the instructor in order to address issues of flow throughout the venue. Each group should administer their previously developed assessment as well as serve as a resource for any questions they may have. Finally a count of community member participation should be assessed.

Product

Week 14: As the instructor, it is necessary to evaluate if project objectives have been met. Many of the formative objectives are met through the design and implementation of the service-learning project leaving only summative objectives to be assessed. Additionally, the community participants' assessment administered by each group during the event should be analyzed. A survey can be utilized to assess the impact of the service-learning project on student comprehension and application as presented in table 2. Finally, students should evaluate group members through a rubric and the opportunity to provide anonymous feedback. An example of this rubric can be found in table 3.

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Table 1: Quality service-learning program characteristics

High quality service to the community
Integrated learning between the service activity and the classroom
Reflection by the student to assist in incorporating service experiences with academics
Enhance students' role in planning and implementing the learning activities
Collaboration to ensure benefits for all
Evaluation to effectively assess progress toward both the learning and service goals

(Anderson, Swick, & Yff, 2001)

Table 2: Course Student Evaluations

Questions (1-18) will be answered:

(1 strongly disagree, 2 somewhat disagree, 3 neither agree/nor disagree, 4 somewhat agree, 5 strongly agree)

This course:

1. Enhanced my learning of the subject matter
 2. Motivated me to work harder in this course
 3. Created a learning environment different than other courses within kinesiology
 4. Allowed for a more self-guided learning experience independent from traditional lecture
 5. Increased my interest in the subject
 6. Was closely related to the objectives of the course
 7. Was fun
 8. Was time consuming
 9. Was needed on campus
 10. Enhanced my ability to work in a group
 11. Enhanced my ability to work with other personalities
 12. Enhanced my confidence
 13. Enhanced my leadership skills
 14. Enhanced my organizational skills
 15. Enhanced my creative skills
 16. Enhanced my problem solving skills
 17. Enhanced my public speaking skills
 18. Enhanced my knowledge of health promotion (planning, organizing, marketing, working with others, evaluating)
 19. What was your role within the group? 1. Station Leader; 2. Marketing Leader; 3. Supply Organizer;
4. Station Presenter; 5. Other (Please describe)
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Table 3: Group Member Rating Rubric

Provide a rating of 1-5 for the following:

(1 strongly disagree, 2 somewhat disagree, 3 neither agree/nor disagree, 4 somewhat agree, 5 strongly agree)

The group member:

- | | |
|--|--|
| ____ 1. Followed instructions | ____ 6. Respected others |
| ____ 2. Asked meaningful questions | ____ 7. Explained things to others |
| ____ 3. Contributed ideas and information | ____ 8. Solved problems within the group |
| ____ 4. Stayed on task and meeting deadlines | ____ 9. Consistent effort |
| ____ 5. Shared responsibilities | ____ 10. Produced a quality product |

Provide comments for scores less than a five "5":
