

**Start Small and Think Big:
The CARES Interdisciplinary Service-Learning Program
West Virginia Wesleyan College**

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PROJECT OVERVIEW

The service-learning project **Community Access in a Rural Environment and Service (CARES)** was implemented at West Virginia Wesleyan College, a small liberal arts undergraduate institution in rural West Virginia. The project was sponsored in part by a grant from **Health Professions Schools in Service to the Nation (HPSISN)**. CARES focused on the implementation of health promotion and disease prevention interventions at rural community sites. Discipline-specific faculty were challenged to integrate SL into regular classroom curriculum content and SL activities were designed to embrace the rural community as a learning laboratory.

The education of health care providers offers numerous challenges. One is deciding the way to prepare health care providers and allied health team members for practice in an increasingly diverse health care delivery system. Another challenge is to learn to work in new partnership relationships with clients and community agencies to promote health in rural areas. Building rural community experiences challenges the creativity and initiative of all stakeholders. An interdisciplinary team of nursing, fitness management, and nutrition students going door-to-door in the rural community is a novel concept. The idea of health care students and faculty seeking out clients intrigued even the most reticent of rural community members.

Developing the CARES rural community experiences required the forging of new relationships. Nursing, nutrition, and fitness faculty identified common curricular outcomes for the service learning courses. Specific SL curricular outcomes are essential if health care practitioners are to be well prepared to practice in the next century, and to demonstrate citizenship beyond their professional expertise. Health professionals and allied health students must be engaged in creating communities of solution. Communities of solution may be established when the education of health professions students involves exposure beyond the

professional milieu. McKinley (1979) identified professionals committed to communities of solution as those who see beyond the downstream thinking of rescuing people and communities from actions that primarily encourage the treatment of disease and illness. In contrast, healthcare professionals who think upstream create partnerships that enhance the development of communities of solution. McKinley urges the preparation of upstream professionals who also examine the broader societal issues (e.g., social, political, economic, and educational) that influence the health care system. By thinking upstream, professionals,

educators and community partners can successfully blend needed downstream practice (treatment of illness and disease) and upstream thinking about broader societal issues to empower communities and citizens to become communities of solution.

Project Goals

- Identify community needs and validate perceptions through needs assessment and community asset mapping (Kretzmann & McKnight, 1993); and
- Develop and integrate SL activities into courses to enhance the students' educational experience.

The project's objectives addressed impact-initiatives in three areas.

Community

- Provide biweekly visits to underserved rural areas;
- Increase health promotion and disease prevention behaviors of community participants; and
- Provide at least one health promotion or disease prevention program.

Participant

- Engage nursing, fitness management, and nutrition students in community-based SL experiences;
- Increase social awareness and commitment to service of students and faculty;
- Hold preparation and reflection meetings in relation to each community experience;
- Increase understanding of SL and community needs; and
- Sponsor four educational programs.

Institution

- Develop community-based nursing, fitness management, and nutrition curricula;

- Develop partnerships between community agencies and the college; and
- Provide community service opportunities in interviewing, health assessment, and design and provision of health promotion activities.

SL Defined

The CARES faculty defines service learning as a planned learning experience that combines community service with preparation and reflection. Citizens helping each other is an old tradition in the United States. Alexis de Tocqueville in *Democracy in America* (1835) first documented the idea of people helping each other as a distinguishing characteristic of the U.S. culture. Dewey (1938) recommended that students engage in the activities of learning by exploring, observing, and doing. SL in higher education is a valid methodology by which students learn and develop through active participation in thoughtfully organized experiences. Students apply knowledge and skills learned in the classroom to activities that connect classroom learning to real-life situations and the needs of the community (Kingsley, 1994; Kingsley & McPherson 1995; Kraft 1996).

SL focuses on the integration of community learning, discipline-specific knowledge, skills, and values; students capitalize on lessons learned from the experience of performing the service. This experiential learning extends beyond the service experience itself to revitalize the community. It includes reflection on the work performed and the lessons learned through the CARES program.

Faculty and Student Development

All students and faculty involved in the

CARES program participants in a daylong fall semester workshop. The eight-hour, intensive interactive sessions provide an environment for the introduction of SL pedagogy, review of course outcomes, discussion of reflection, and orientation to the rural community and community agency partners. Formative and summative evaluation methods and procedures are explained.

Faculty and student comments concerning the workshop were positive. They enjoyed the opportunity to work with students and faculty from other majors to provide services in the rural community. Students formulated plans, designed health promotion programs based on assessed need, and enhanced or acquired substantive knowledge and practical skill through interactive sessions. One fitness management student said, "I wish all of my college courses were this creative and exciting! I learn so much more when I am doing more than taking notes!" A nursing student said, "I never thought of fitness students as partners in health care in the rural community. This workshop has helped me see that we have common goals." Faculty also developed an appreciation of the contributions that nursing, fitness, and nutrition students and faculty bring to the health care of the community, and recognized the synergy of jointly discovering each discipline's

effort to empower the community to solve health care issues. In short, the workshop provided participants with new knowledge and practical skills and was a valuable resource for combining service and learning for the interdisciplinary team.

Planning Committee

A factor in the development and sustainability of the CARES partnerships is the diverse CARES Planning Committee, representing a broad cross-section of community agencies, faculty, and students. Community agencies are represented by an AIDS prevention educator, a child and youth services counselor; a city housing administrator; clergy; community residents; a public school principal and teachers; SL faculty and students; a head start teacher; a community action representative; and a youth center coordinator.

The CARES Planning Committee meets regularly to support and evaluate CARES activities. Members act as resources for CARES and each other, creating an awareness of community responses to health promotion/disease prevention needs. The Planning Committee frequently suggested approaches and priorities based on community history and problem-solving abilities, leading to the implementation of diverse health promotion programs in rural Appalachia.

PROJECT PERFORMANCE

Curricular Integration of SL

Once the community's needs were identified, faculty turned their attention to the existing curriculum. Each clinical nursing course was evaluated to

determine:

- How the community SL experience might help enrich students' educational experience;
- Which of the seventeen Pew Health Commission's "Competencies Needed

by Practitioners in 2005” (Shugars *et al.*, 1991) and the recommendations for nursing education (Pew Health Professions Commission, 1993) were current course outcomes; and

- The impact of incorporating community-based SL opportunities into the course.

Nutrition and fitness faculty identified two fitness management courses and one nutrition course in which the SL community-based experiences could be incorporated. Departmental faculty and the administrative dean have been supportive of integrating service learning into the curriculum.

SL Outcomes

The full-time nursing, fitness, and nutrition faculty worked to develop and implement SL outcomes in the relevant courses. CARES SL outcomes are linked to academic course outcomes. For example, the service outcome and the commitment to health promotion outcome in each nursing, fitness, and nutrition course emphasizes:

- Serving within the community to collaboratively assess community resources to meet and health care needs;
- Functioning within an interdisciplinary team;
- Participating as politically aware individuals in promoting the health of the community;
- Providing health promotion/disease prevention programs or information for individuals, families, groups and communities; and
- Maximizing client health potential by assisting in meeting health promotion needs.

Reflection Requirements

Reflection is crucial in assisting students to focus on the learning acquired as service is performed. It cannot be assumed that learning occurs simply as a result of the service performed. Therefore, reflection through written journals, discussions, class presentations, and essays is used to ensure that learning occurs. Reflective discussions involving faculty, students, agency supervisors, and the academic-community planning committee contributed to the collective insight of the academic-community partnership. This reflective dialogue throughout the service encounter empowers both the provider and the recipient of services (Kraft 1996).

SL Activities

To successfully implement the CARES program, nursing students practiced collaborative leadership skills with fitness and nutrition students, external agency partners, and faculty. The interdisciplinary student teams used hands-on-learning, problem solving, team building, and application of academic knowledge to identify and meet health promotion and disease prevention needs in rural Appalachia. Guided by data derived from community needs assessment, asset mapping, and community members, they identified potential needs and prioritized the needs based on the professional provider role. The teams solicited health promotion materials from community agencies, planned relevant health education programming, and established a beginning database for rural clients participating in CARES program activities.

Some students applied their community education/health promotion efforts to particular groups. For example, groups of nursing and nutrition students sought to enroll low-income women in childcare classes and nutritional counseling through the Women, Infant, Child Program (WIC) because numerous clients reported ineligibility for services when in fact they were eligible. Women often reported ineligibility because they were not Medicaid-eligible. To counter these misperceptions, students prepared posters, flyers and educational materials for the women and made personal home visits to talk directly with them. Supervisors of the low-income housing units acted as resource persons who reinforced information organized by the student teams. Agency partners identified recipients with minimal

literacy skills who required assistance in understanding printed health information; students then designed storyboards and other non-print media to aid the clients' understanding.

Incorporating fitness management and nutrition students into nursing activities and schedules proved challenging. The participation of fitness and nutrition students in an elementary school health fair, as well as in home/community visits, mandated juggling acts that necessitated sensitivity to class schedule conflicts and continued reinforcement of CARES expectations. The ability to resolve conflicts and cooperate to meet common goals provided opportunities for the ad hoc collaboration of faculty and students in conflict management. One extrinsic benefit of the experience was more empathic student judgments about working with children and adults (outside the students' specific areas of interest) to perhaps influence current and later life health choices. Adult fitness students, who thought they would offer little value working with elementary school children, found the health fair to be exciting, interesting and rewarding as children flocked to the college students with fitness training weights and ropes!

SL activities included:

- Health promotion and prevention education on diabetes, hypertension, cancer, understanding nutrition labels, and smoking cessation;
- Screening events for middle and high school students;
- Health fairs at schools;
- Socialization—"Lunch Bunch" at the Senior Center;
- Individual teaching;
- Home visits;
- Head Start home visits; and

- Health care referrals.

PROJECT ACHIEVEMENTS

Virtually all constituents were interested in allocating human and material resources to nurture a spirit of service and commitment to effective health care delivery in health care professionals. There are several praiseworthy accomplishments.

Student Benefits

The first accomplishment is student maturity, self-confidence, and self-reliance in using their knowledge and skills in various settings in rural areas (Simoni & McKinney, 1998). Senior undergraduates, particularly as they approach graduation and the real world, often express anxiety and doubt concerning their level of preparation for their work in professional settings. The service learning experiences coupled with the traditional practice education in nursing, fitness management, and nutrition strengthens the adaptability of students for working in changing and varied practice settings.

Reflection analyses indicated that students gained self-confidence in their knowledge and skills, an increasing sense of autonomy, and a professional practice where leadership skills in collaboration, communication, team building, creativity, and program evaluation were apparent. The CARES SL experience produced for some students an increased likelihood of pursuing professional practice in community-based care or advanced study and/or practitioner roles in community health nursing. The nursing, fitness, and nutrition students who had not clearly articulated their goals beyond their undergraduate education

acknowledged the value of community and community service experiences in understanding the societal forces that influence client, family, and community health care decisions.

SL exemplifies one form of experiential learning embraced by Dewey (1938), in contrast to the information-assimilation model that typifies a significant portion of higher education instruction. Both methods have their advantages and disadvantages and are relevant in education. A top-down approach to learning is the traditional teacher presentation of lecture with application through deductive reasoning. SL or experiential learning is a bottom-up method where applications are drawn inductively from real-world personal experiences and observations with real people, places, and problems. Fitness management and nutrition education, prior to the advent of CARES, was predominately focused on campus/classroom learning endeavors. Through CARES, faculty, students, and community have been able to counter the abstraction of traditional college instruction by engaging students and providing connections between academic content and real-life problems.

Service learning is valued because it demonstrates academic benefit to students and clearly links classroom and community learning. Service learning provides one means through which students, faculty, and communities may think upstream to address the complex needs of communities through the application of knowledge, skills, and creative partnerships. Most importantly,

the student benefits. As students said in the last nursing, nutrition, and fitness management reflection exercise of the semester:

“Learning in the classroom benefits the student, but SL benefits the community. The individual and community ultimately win. We run out of time before we run out of problems/issues to resolve.”

“I think my experience will make me a better citizen and professional provider, because I now have first-hand knowledge of issues discussed in class and I realize the challenges of solving complex social, political, educational, and economic issues in rural communities.”

“I really enjoyed the community service (the health fair at the school) even though I didn’t expect to like it. I actually saw the concepts discussed in class lecture come to life. All students on the campus should be required to have a SL course.”

“The CARES program is a win-win situation for all involved. Students, faculty, and community clients find the more they put into the program the more the community, individuals, and families benefit. I learned and understood things about the rural community that I would not have known if I had not been working in the CARES program to help clients meet their needs.”

Students have been surprised at the willingness of the most reticent of rural communities to become involved with them. Thus, the CARES town-gown relationships are increasingly positive. The students (and faculty) believe they have received the greater benefit from the partnership experience.

It is a positive step when students are engaged in SL. But it is an educational triumph when students are precepted and mentored effectively and then choose to engage in service while practicing in their respective disciplines. Although the number of students who continue in community service following graduation is small, results are encouraging. Students often find SL a rough road but one lighted with flashes of insight and upstream thinking about health care and professional service.

Community Benefits

The second area of accomplishment relates to the working partnerships with community agencies and the CARES Planning Committee. Because of these well-established patterns of interaction, faculty, students, and agency personnel were comfortable reaching out to one another. Some interactions were those where common ground and communication links were established. Others were related to collaboration and coordination of effort to intervene on a client’s behalf to prevent potentially serious personal and/or family consequences. Because collaborative links had been established, each party in the relationships was willing to engage the others whenever the need arose.

Community partners reported that they benefited from the CARES experience. Managers of low-income housing communities, nutrition centers, and senior centers, and public school teachers, principals, and parent-teacher groups marveled that CARES students were strongly committed to providing service through interdisciplinary team efforts. For many community partners, the CARES experience provided a first glimpse at nursing roles that departed from the stereotypical acute care roles.

CARES increased access to health promotion and disease prevention interventions of rural West Virginians. The project served 4,298 clients and provided uncompensated care valued at \$43,910 (calculated using entry-level salaries for each discipline; rural area salaries typically are less per hour than for comparable positions in urban areas).

Community Response to SL Activities

The initial partnerships in CARES have served as the basis for subsequent programs. An elementary school health fair was instituted where students, teachers, parents, and administrators were exposed to nutrition, fitness, and health promotion choices as a result of a CARES team presence in the rural community.

Although mostly positive, certain partnership experiences were disappointing. We had thought health promotion would be easy, but engaging the community proved more difficult than expected. Students traveled to neighborhoods and rural sites, such as community buildings, churches, and fire department social halls, for planned meetings with agency leaders only to find personnel unavailable. Students in their eagerness to make a difference and to do something *for* the community, rather than *with* the community, faced disappointing community responses to early primary prevention initiatives. Few community members attended planned community education programs regardless of the topic, time of day, or previous indication of a willingness to attend. Although morale declined during this period, students worked to develop health promotion activities and presented information to agency leaders. A nursing student characterized the community responsiveness this way: “

So many people just seem to be okay with what life gives them, and they don't want do anything to rock the boat of life. It is so hard to help people take health promotion action when they are fatalists!” Despite these obstacles, students concluded that the neighborhoods were excellent locations for implementing health promotion activities and recommended that CARES teams continue building relationships one person at a time. Not all responses were negative, as illustrated by a nutrition student's comment: “During a home visit with the nursing student, I met a family who was learning to deal with the diagnosis of diabetes for the elderly husband. He just discovered this about two and I was satisfied.” Small, discrete steps toward community health promotion are evident.

The ability to work in communities rather than for communities continues to challenge the CARES teams. Students are eager to use acquired knowledge and skills, and are sometimes reluctant to allow the community to solve problems. However, when the provider-recipient interaction is valued by and beneficial to both partners, the service opportunities abound. Reticent, independent Appalachians are often skeptical of anyone who enters underserved communities. When skepticism is coupled with hesitancy relative to academic-community interactions, the task of building interactions into partnerships is a matter of time and commitment.

Reflections on the Project

The investment of human, material, and fiscal resources has been worth making because, as this case study has shown, classroom instruction and community SL combine synergistically to enhance

learning, meet needs, and energize faculty, students, and community to confront health education and care issues. Courses have been enriched and the link between the theory in the classroom and the real-world life experiences of rural Appalachians have permitted students to make a difference through meaningful academic and service learning connectedness.

The CARES service learning project began with the commitment of one faculty member and a component in one course. That unpretentious beginning expanded to four faculty and four courses in three disciplines by the second year of the project. Presently, all

clinical nursing courses have a service learning component with specific service and health promotion outcomes. Individual one-on-one encounters and small group teaching has grown to include adults, schoolchildren, senior citizens, and the expertise of a diverse, multi-talented Planning Committee committed to rural health promotion. The Planning Committee members have consistently thought big and the result is a project that provides SL for health professions students who are undertaking the daunting task of improving the health of rural West Virginians.

COMMUNITY PARTNERSHIPS

Partnership development is a complex process through which professionals can facilitate the empowerment of individuals, families, and communities. To be empowered means that people have the knowledge, skills, and capacity for effective, self-determined action and continuing dialogue (Courtney, 1995; Kraft, 1996). The extension of existing campus-community partnerships, which included mentoring and tutoring schoolchildren, and the development of new partnerships with an elementary school and senior center have been instrumental to the success of CARES.

Development of Risk-Taking Behaviors

A critical step in the process of creating partnerships is the development of risk-taking behaviors by both professionals (CARES teams) and community agencies. The willingness to build relationships in which professionals and recipients share control and decision making and encourage learning to develop new role relationships was

essential to partnership development (Sebastian *et al.*, 1998). For the rural partners, individuals, families, groups, agencies, and communities, this involved a proactive orientation toward health promotion. For many community members, this was a new approach toward confronting individual and community health care issues.

Rethinking of Roles

The degree to which partners were able to anticipate and eventually demonstrate role changes was variable; the process required time and patience. Similarly, the professional expert role demanded rethinking to anticipate relationships in which the professional no longer solely did to or for the individual, but instead worked with the responsible proactive recipient of service. Some rural residents took steps toward expanding health action choices by taking on leadership roles and otherwise participating in CARES and with the CARES Planning Committee. Small

groups of previously reserved rural recipients were engaged in health actions that fostered personal knowledge and skill development related to health issues. These beginning ventures emphasized the importance of community involvement in achieving health (Farley, 1993; Maglacas, 1988).

Community partners involved in planning have been willing to share their

knowledge, skills, and organizational culture with students and faculty. Rural partners who participate in guiding the identification of SL activities at a macro-level (a community needs assessment) and in some cases at the micro-level (a particular course unit on the Appalachian cultural experience) have contributed to the learning of all participants in the CARES program.

PROJECT EVALUATION

An old saying states, “If you don’t know where you’re going, any road will take you there.” The ability of future health care providers to systematically evaluate existing programs and plan for change is a skill required of nurses and allied health professional students. Evaluating and responding to input from students, administrators, clients, agency partners, and community representatives are effective ways to maintain what is good, identify areas for growth or change, and challenge participants to envision the future in nursing education and health care delivery.

Evaluation Methods

The outcomes of CARES were assessed in a variety of ways. Quantitative and qualitative instruments were administered to all students, faculty, and community partners at various times throughout the CARES SL experience. A SL survey administered to students, faculty, and community partners upon entering the CARES project addressed professional role, Appalachian cultural characteristics, and mechanisms to build communities of solution in rural areas. Near the end of each spring semester, a

second qualitative survey consisting of ten open-ended reflective questions was administered. The Attitudinal Survey Beliefs Related to Professional Nursing Competencies (Simoni, 1996a) and the Qualitative Questions for Students in Service Learning (Simoni, 1996b), a structured framework for interactive communication about SL in the CARES project, was administered annually. These instruments provided data related to SL in health professions education.

Reflection

Reflection through discussion, written journals, and interactive activities provided daily and weekly analysis of the CARES experience. Students and faculty engaged in small group and individual reflections. Students at times voiced complaints about written journals, although most students responded to faculty comments written in the journals. Faculty commonly expressed concerns about the scheduling difficulties of reflection activities. Despite these issues, a wealth of diverse experiences and enthusiasm for service and academic learning was clearly evident.

PROJECT SUSTAINABILITY

The future of SL in the nursing courses is secure. Problems in maintaining existing community partnerships are not anticipated. One advantage of the rural area is that many people know each other and know the connections and contacts needed to put new ideas in motion. The town-gown relationship between the community and the academic institution continues to be strengthened through various community and college initiatives. The CARES program has been instrumental in increasing health, fitness, and nutrition initiatives in rural areas adjacent to the college. Building new partnerships will require persistence, risk taking, and the commitment of students and faculty facing changing expectations in the

health care environment.

The continuation of interdisciplinary collaboration will aid in the sustainability of the CARES program. The model of team building and collaboration between campus students and faculty and community partners should provide the impetus for expansion and perhaps the development of additional interdisciplinary institutional and community teams. Plans include the continuation of existing initiatives, an increased focus on elderly needs, an expanded cardiovascular risk evaluation of schoolchildren, and an evaluation of health promotion outcomes.

LESSONS LEARNED

Build Campus Partnerships First. Implementation of CARES emphasized building interdisciplinary teams to meet unmet health needs in rural areas. Because the CARES program was partly built on existing clinical experiences, nursing faculty easily incorporated community-based SL opportunities. Nursing also brings a professional experience of interdisciplinary work to the SL activities. For other disciplines, community and interdisciplinary work may threaten the security of the teacher and student. Overcoming these issues necessitates building campus interdisciplinary partnerships before reaching out to the community. Nursing students and faculty took the initiative in building campus partnerships by applying the same professional partner model that worked in the community. Often when new (or reemphasized) approaches to enhancing student/faculty interactions and learning experiences

occur, faculty overestimate the work of adapting and/or adopting the pedagogy and methodology. Teamwork and consensus building among interested faculty resulted in the development of course-specific outcomes for students engaged in service learning experiences. Patience, persistence, and continued faculty development are generating success through the creation of a college Community Service Committee composed of faculty, students, and administrators. Thus, the CARES program is sufficiently grounded and time and energy can be devoted to developing a broader faculty commitment to SL.

Encourage Student Growth. An important lesson learned during the project is related to the continued development of academic-community partnerships in rural areas. Change is a potential barrier to SL. Change

produces stress and uncertainty for both the provider and the recipient of the service. Community SL runs the risk of focusing too much on the students' technical skills and practical experiences at the expense of broader economic, social, and political analysis, problem solving, and critical thinking. In this practice arena, students tended to exercise the skills they already had, spending time on assessment and data collection, and concentrating on the health promotion end product rather than on arriving at a comprehensive upstream analysis and critique of rural experience. Students spent time discussing client needs and how to solve the immediate problems (downstream illness and disease treatment), which may fail to introduce the knowledge and critical thinking that comes with in-depth analysis of issues and events facing the client. These barriers have been reduced through the consistent efforts of the community partners.

Promote Realistic Expectations in the Community. A final lesson is related to the perceptions and expectations of the community. When primary care services are taken to the rural citizens in their respective communities, a level of service expectation may be unintentionally set forth in the community. Several CARES clients and families refer to the CARES student teams as "my nurse/nutritionist/fitness expert." Flattering as it is to be

identified as the client's provider, students and faculty must be vigilant not to create an unrealistic level of expectation for individual health promotion services. Students prefer working in one-on-one and small group endeavors rather than getting involved in broad future-oriented political action. However, understanding abstract social and political phenomena is essential if upstream thinking is to pervade the delivery of health promotion services in the rural area.

Promote Critical Thinking about Broader Sociopolitical Issues among Students. When students are working with underserved and vulnerable populations, critical thinking must be encouraged to analyze broader social or political dimensions of the community issues. Students and faculty must attempt to generate plausible solutions to complex questions such as, *Why do substantial members of rural Americans have inadequate food, shelter, or health resources?*, *How are questions of resource availability and policy decisions shaped in West Virginia?*, and *What power do people want and have in shaping decisions?* These questions may be discussed in class and community settings. Thus, offering health care referrals and assessing client knowledge about health resources and their health care service utilization are instrumental to improving the general health of the rural population.

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