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How about "Service Learning and Community Health: The Lessons I Learned"

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Introduction:

When my grandfather had a non-fatal stroke I realized the importance of health. Ever since that day, I started eating the right foods and exercised to keep my body fit and healthy and quickly found that health is actually not difficult to achieve. Little did I know about the realities that millions of people around the world face that make it much more difficult to even make health a priority.

Throughout my undergraduate studies, I had the high hopes of saving the world from cancer and helping everyone get healthy. As a Biology major, I seemed to be gaining all of the necessary knowledge to understand how the body works and how health is achieved at the molecular level. It wasn't until I took an *Introduction to Sociology* course that I realized that the world is not so black and white. In terms of social justice, education, discrimination, and even health, this course exposed a different kind of reality, one that I was aware existed, but had never personally faced. I later took leadership and social justice courses that revealed the struggles that others go through, the injustices happening around the world and in my neighborhood. These courses often included a service learning component and, now that I look back on my experience, these service opportunities impacted me in multiple ways. They made me realize that what I was learning in the classroom could actually be applied in the real world and instilled a passion in me to get involved in the community. However, it wasn't until I participated in LA 290, *insert title here,* a course that looked at the social, cultural, and physical barriers to health, that I finally began to understand how complex achieving good health really is. This article highlights how my experience in service-learning and, specifically, LA 290 Addressing Health Care Disparities, impacted me, my career path, and my desire to pursue a graduate degree in health promotion.

Background: The Obesity Epidemic

Obesity and chronic diseases associated with it (e.g. Type 2 Diabetes, cardiovascular disease, hypertension) are now among the most common causes of death world-wide ("WHO | The top 10 causes of death," 2014). The reason for this increase in lifestyle diseases is multi-layered and extremely complex. Once, infectious diseases and undernutrition were the main health concern, however, with lifestyle changes leading to more sedentary behavior and consumption of processed foods, health concerns have shifted (Mattei et al., 2015). Our surroundings and habits have also changed. We used to get around on foot a lot more than we do now and cities were made to accommodate a pedestrian

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lifestyle. However, city infrastructure is now mostly tailored for car use, creating barriers for those who wish to engage in active transportation through cycling or as pedestrians (Parkin, Ryley, Jones, 2007). Our productivity-obsessed culture encourages a sedentary lifestyle as most jobs now consist of desk work which are significantly reducing people's physical activity levels (Choi, Schnall, Yang, Dobson, Landsergis, Israel, Karasek, & Baker, 2010). While over-nutrition is rampant in many places, food deserts are also found in almost every city; making it difficult for many to have access to wholesome foods (Ghosh-Dastidar, Cohen, Hunter, Zenk, Huang, Beckman, & Dubowitz, 2014). These are just a few physical factors that have played a role in creating barriers for a healthy lifestyle.

There are other more subtle factors that constantly impact daily behaviors. Social and cultural norms unconsciously influence the way we act and what we believe. These norms can be different for different people as they depend on the location of the community, the local context, and the cultural background of community members. Some examples of these from the African-American community include: The abundance of fried foods and sugary drinks in the diet, the negative connotation associated with sweat, and the praise of "thick" women. All of these factors combined are part of the cause for increasing health complications in the African-American community. The rise of lifestyle induced chronic diseases has risen so dramatically among all ethnicities causing the health care system to be overburdened (Bodenheimer, Chen, & Bennett, 2009).

The increased involvement of the health care system and the use of medication for the treatment of all health issues has allowed us to live under a false perception of health in the absence of the acute. Having become a society dependent on medications, has also allowed us to maintain unhealthy lifestyles. We manage our symptoms but seldom take action for prevention. Evidence has shown time and time again, that many of the diseases that emerge from unhealthy behaviors can be managed and treated through an increase in physical activity and a healthier diet (Chiuve, McCullough, Sacks, & Rimm, 2006; Matheson, King, & Everett, 2012; Willett et al., 1995; Chiuve et al., 2008).

While the factors mentioned above are part of the cause of this "obesity epidemic" and there seems to be a simple solution to the problem, the social and cultural barriers around this issue have proven to be enduring. A lack of resources and awareness of how lifestyle choices affect health are other barriers that make it difficult for many to maintain healthy behaviors. Lately, campus-community partnerships have been lauded as a way to create meaningful community health change (Bringle & Hatcher, 2002; Geraghty et al., 2009). Through the use of education and the community resources, partnerships can make lasting change that will impact the lives of many (Dobson & Gilroy, 2009).

Setting: Spotlight on South Carolina

South Carolina has one of the highest rates of obesity in the United States ("F as in Fat: How Obesity Threatens America's Future 2013 - Trust for America's Health," 2013). With 32.1% of residents being obese, 12% having diabetes, 38.4% having hypertension, and many more affected by chronic diseases related to obesity, South Carolina is facing a health crisis ("F as in Fat: How Obesity Threatens America's Future 2013 - Trust for America's Health," 2013). In 2008, the cost of obesity related health care was estimated to be $1,234 million and it has only increased since then ("South Carolina State

Obesity Data, Rates and Trends: The State of Obesity," 2014). If obesity levels stopped increasing, South Carolina could save $3 trillion over a few years (South Carolina Department of Health and Environmental Control, 2011).

Among youth, obesity and disease rates are also increasing with 29.6% high school students being overweight or obese (South Carolina Department of Health and Environmental Control, 2011). While it is recommended that high school age kids engage in 60 minutes of physical activity per day, less than half are achieving these levels of physical activity (South Carolina Department of Health and Environmental Control, 2011). Of these, female high school students are engaging in less physical activity than male high school students. Fruits and vegetable consumption among high school aged youth is also very low as only "26.5% of SC youth reported consuming two or more fruits per day and 10.4% reported consuming three or more vegetables per day" (South Carolina Department of Health and Environmental Control, 2011; pg. 20). As evidence suggests (Drewnowski & Specter, 2004; Giles-Corti & Donovan, 2002; James, Leach, Kalamara, & Shayeghi, 2001), some of the highest rates of overweight and obesity are found in population areas with high poverty rates and low education. Due to a variety of reasons, some personal and some environmental, obesity and chronic disease rates are highest in the poorer areas of South Carolina. Because poor nutrition and low physical activity increase the risk for the development of obesity and chronic diseases, this is an issue that needs to be addressed.

A Partnership for Health

In a mostly African-American neighborhood, where there are high rates of chronic diseases (e.g. Type 2 Diabetes, hypertension), an exciting and promising partnership began. Columbia College, a small liberal arts school, and the Department of Family and Preventative Medicine at the University of South Carolina Medical School partnered up to educate the community on healthy habits. By also involving a local high school, the partnership aimed to break down myths about healthy living to high school students. Funded by an American Academy of Pediatric Medicine grant, with the mission and vision to observe the social, cultural, and physical context in the area, the "290 project", as it became known, hoped to make a lasting change in this community. The project hoped to educate high school students on healthy living, to provide the community with the tools and knowledge to take care of their own health, and to motivate high school students to pursue higher education. The project also looked to expose undergraduate students and medical residents to the barriers to healthy behaviors faced by people living near them.

During the early phases of the project, a class was held to give us, six undergraduate students at Columbia College, a bit of context into what the health problems in the area were. This class consisted of readings, discussions, and lectures from health professionals in the area. Professors and doctors teaching at the medical school gave guest lectures on the health issues their patients usually had, on the current best practices for treatment, and on preventive strategies for chronic diseases such as Type 2 Diabetes and cardiovascular disease. All of these were provided so that we, as students, could get a

better understanding of what the health professionals are experiencing and their perspectives on the matter

Apart from lectures on health, our class assignments also included a variety of readings from newspapers and magazines to educate us on cultural perceptions of health; specially in the African-American community. With cultural norms such as the concept of "thick" and that "Southern women don't sweat", these readings exposed us to the different underlying social norms that play a role in the health behaviors of individuals. The reality and prevalence of food deserts was also highlighted in these readings in order for us to become aware of this phenomenon in areas with high rates of chronic diseases, such as the one in which the high school was in.

A few weeks into the class, we started going into the high school to meet a group of students from the Health Magnet program at the high school who were interested in participating in the project. Focus groups with the students were conducted to gain their perspectives on what health was and how important health was to them. This was done through discussion on what their daily experience was like. At first, conversations were short as the students did not know us. However, over the weeks, our conversations became lengthier and of more substance. Students told us about the lack of safety in local parks and streets, which made their parents afraid to let them out to play in the streets. They told us about the lack of public transportation to exercise facilities and food markets. They talked about the "mystery mush" that was served at lunch which is why some of them ate Chik-fil-a every day. Financial limitations and taking care of family members also came up in our conversations. Our weekly meetings also consisted of lectures and presentations on nutritional content of daily snacks (e.g. honey buns) and the importance of daily physical activity. While these meetings fluctuated in attendance by the high school students, some seemed really keen to listen to the lessons and to share their perspectives.

Towards the end of the class, the students were asked to construct an asset map of the area surrounding the high school. Looking for resources found within a one-mile radius of the high school, students were tasked with finding places to buy food, to examine the condition of the sidewalks and streets, the level of safety in the area, the local transportation available, etc. Once all the data was collected, a presentation was put together by the students and presented to medical residents at the medical school.

The partnership did not end there. The following year, the high school made an effort to get healthy messages out to their students and to inform them that this project was taking place. The next phases of the 290 project also took off with two main components in mind: Nutrition and movement. The nutrition component involved the coordination and planting of square foot gardens in the middle of the high school. Through a collected effort involving faculty and students from all affiliated institutions, 12 square foot gardens were laid out on a Saturday morning. I was mostly involved in the movement component of the project which gave me the opportunity to work with students taking

exercise science, to talk about physiology, and to help with some of their labs. We also conducted fitness tests at the beginning of the year and kept track of the progress the students were making on their fitness. Towards the end of the school year, two focus groups were held with students to see if the information disseminated through the school was reaching them and to get their input on the project.

Lessons learned: Reflections

Working alongside high school students and faculty from the University of South Carolina's School of Medicine was an experience that I will never forget. I was able to learn about the barriers to healthy living from people living near me and able to hear about the local health problems from medical professionals in the area. One of the biggest moments of this experience was watching high school students give a presentation to medical residents at the University of South Carolina. Seeing the change in demeanor in these young students and watching them realize that, in that moment, they were teaching future doctors about the reality their community faces daily was something special. This was the moment I realized the impact that this project could have on the lives of these students and their community.

Most of the service learning literature mentions the importance of reflection (Eyler, 2002). Reflection allows students to better understand course concepts and how they apply to the real world, become aware of social problems, and to develop problem-solving skills (Eyler, 2002). While I learned a lot during my LA 290 service learning experience, I realize that I am still learning as I look back at what we accomplished and, most importantly, did not accomplish. I learned about the social determinants of health, something all of my health and science classes never mentioned. I learned about social and cultural norms and the massive role they play in impacting health behaviors. I learned about food deserts and how a lack of accessibility to resources can block people's ability to maintain healthy lifestyles. I learned about a few of the circumstances that many people face which make health not a priority because other things (e.g. food for children) take precedence. I learned about the importance of education and social capital for the achievement of community goals. I learned that without proper communication within an institution and between partners, a project that has everything it needs to succeed can fall short of its goals. Most importantly, however, I learned that change is a slow process that requires champions, compromise, and leadership.

All of these lessons have sparked an interest in me to talk about health in terms of social justice. Health is a privilege but it should be a right. Everyone should have the possibility to provide healthy foods for their family and have the freedom to engage in physical activity at their leisure. While it would still remain a choice for people to make these healthy choices, removing the barriers to making these lifestyle changes should be the first step towards achieving a healthier population. These experiences allowed me to see the potential of working with communities and the excitement that can be brought through partnerships.

The lessons I learned from my service learning experience also highlight the importance of service learning itself. Service learning focuses on reciprocal learning, where those being served and those serving benefit from the experience (Furco, 1996; Simons & Cleary, 2006). Often, service learning opportunities bring people from different backgrounds together (Dorado, 2004) which can increase the level of knowledge transfer and social capital. While service learning tries to meet an identified need from the community, there should also be a focus on the strengths and assets found therein to mobilize progress (Seifer, 1998). This can be done through partnerships in the community that can involve various players with different skill sets to increase potential for success. However, there are limitations to service learning for, while it does increase awareness for social issues and a desire to fight against inequality, it does not guarantee a commitment to service (Einfeld & Collins, 2008).

Future directions: Graduate education for community health

My journey throughout my undergraduate career led me to various service learning opportunities, which helped change my career path and made me realize the importance of education and service. I have since enrolled in a graduate studies program in health promotion in which I am learning the skills necessary to conduct meaningful research. Reading about different methodologies for conducting participatory research (where the community and researcher shape the research, implement an intervention, and analyze the data together) has broadened my awareness of the plethora of community based projects that are centered on removing barriers to health (Bogart & Uyeda, 2009). I find that my interests have expanded from just community health to knowledge translation (Straus, Tetroe, & Graham, 2009) and positive youth development (Larson, 2000). This opportunity to learn and have passionate conversations with other students that have similar interests, has allowed me grow as a student, health promoter, and person.

For the pursuit of public health and the promotion of health, a combined effort from education and service needs to be present. Young students who go to college and university in search for a degree must also be aware of the realities that the people they are being trained to help are facing on a daily basis. Education, not only in the classroom but in the community, must be emphasized to create a culture of service, social justice, and social change. As such, community-campus partnerships show incredible potential to achieve these educational goals by providing service learning opportunities to their students (Bringle & Hatcher, 2002). A partnership, like the one in the 290 project, creates an opportunity for the education of students in a practical and real way. Projects like this can inspire young students to pursue higher education to gain new skills, network with community leaders, become aware of different initiatives that show promise for health behavior change, and combine it all to be able to effect local community change. Service learning made me aware of social problems, my graduate education is giving me the skills I need to tackle them.

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