



Service Learning: Creating Visibility and Advocacy for Health Education

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ABSTRACT

This paper reviews how service learning pedagogy is being used by one program to 1) increase the visibility of and advocacy for school health education and the coordinated school health program (CSHP) and 2) meet the needs of students in its master's level professional preparation programs. Three benefits to employing service learning are emerging: practice, relevance, and internalization of health education competencies; student and school district "buy in" of CSHP; and the building of an infrastructure for cooperation and collaboration. Overcoming challenges and barriers to using service learning is also discussed.

The increased focus on "core" academic subjects that came with *No Child Left Behind* creates situations where school health education often gets lost in the challenge school administrators and school boards have in planning to meet recent and emerging education mandates. There is a need for renewed efforts to increase visibility and advocacy for strong school health education programs and continued implementation of the coordinated school health program (CSHP). In 1998 Kezar wrote that "*In the broadest sense, service-learning is a form of active, experiential learning that utilizes service in order to ground the learning process.*"^{1(p27)} This paper reviews how one program is using service learning pedagogy to train school health educators and to increase the visibility of and advocacy for school health education and the CSHP in central New York.

PROGRAM BACKGROUND AND CHALLENGES

SUNY Cortland provides master's degree programs for those holding current teaching certificates in health education, those holding teaching certificates in areas other than

health, and those not holding a teaching certificate but desiring one in health. Historically, the majority of master's students at SUNY Cortland have been seeking health as a second area of teacher certification. The varieties of student backgrounds and a need to move toward authentic assessment strategies provided a challenge when recent updates to the program were considered. Moreover, the increased testing in "core" subject areas, new New York State mandates for student teaching at the elementary level in health, and inconsistent or incomplete implementation of the eight component CSHP model across districts in central New York created challenges in working with the schools. Service learning was infused into three required courses: *School Health Program; Assessment and Evaluation in Health Education and Health Promotion; and Graduate Teaching Methods* in order to increase the visibility of, and advocate for, the CSHP both in the school districts of central New York and in our student population, while providing students authentic experiences for internalizing the responsibilities and competencies of health educators.

WHY SERVICE LEARNING?

Although definitions of service learning may differ slightly, the hallmarks of service learning are applied "real" projects or work that provide a beneficial service to organizations and/or individuals outside of class, and reinforce course-related skills and content.^{2,3,4,5} In our case, the "service" is provided to schools and/or health-related agencies, such as the local county health department and the YWCA.

Review of service learning literature¹⁻¹⁰ from a health education context strongly suggested that the infusion of service learning pedagogy would foster student development as professional health educators and position the department to advocate for health education. A study by Litke¹ on the outcomes of service learning found that both higher and lower performing students

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clearly believed that the course had an impact on both personal growth and career development, including an increased passion and commitment for their profession and enhanced academic content understanding. Also significant was students' abilities to apply the knowledge and skills they learned from one setting to another. Watkins and Braun⁶ view service learning as a tool to facilitate the achievement of common objectives in an academic curriculum, such as the CUP responsibilities and competencies, opportunities that can be customized to meet specific course content and objectives. In 2002, Moley et al,¹⁰ reported that students who participated in service learning showed expected changes in civic attitudes and an increase in self-rating in regards to their skills for community engagement. They also reported that service learning gave students opportunities to develop social and problem-solving skills including communication and conflict resolution, which are fundamental to Competencies Update Project (CUP) responsibility areas V through VII (Figure 1).

Parker Palmer¹¹ posits that real learning occurs when the content and the experiences of the students intersect (figure 2). The service learning experiences embedded in courses "surround" the student with the real world in an attempt to create the intersection (figure 3). Surrounding the students with the real world allows them to "try out" the role and competencies of school health education in small chunks, and to experience the importance of the CSHP in an authentic way. In addition, schools and districts get additional exposure to the benefits of health education and the CSHP, and form collaborative relationships with SUNY Cortland Health Department faculty.

Another way to look at service learning is as a way to create a critical consciousness¹² of school health education, health education competencies, and the CSHP in districts and in master's level students. Schools and school districts are, in effect, micro-communities, and the ecological nature of the CSHP has many hallmarks of community-level interventions. Critical consciousness, thus, helps

Figure 1. Health Education Responsibilities Areas¹⁵

2006 Competencies Update Project Responsibilities

- Area I: Assess Individual & Community Needs for Health Education
- Area II: Plan Health Education Strategies, Interventions, & Programs
- Area III: Implement Health Education Strategies, Interventions, & Programs
- Area IV: Conduct Evaluation & Research Related to Health Education
- Area V: Administer Health Education Strategies, Interventions, & Programs
- Area VI: Serve as a Health Education Resource Person
- Area VII: Communicate & Advocate for Health and Health Education

Figure 2. Real Learning Occurs When the Content and the Experiences of the Students Intersect

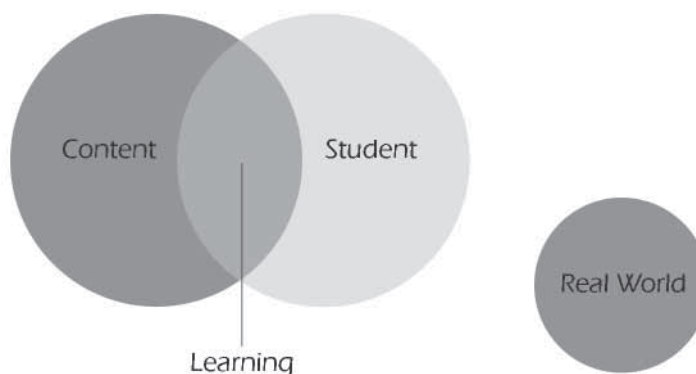
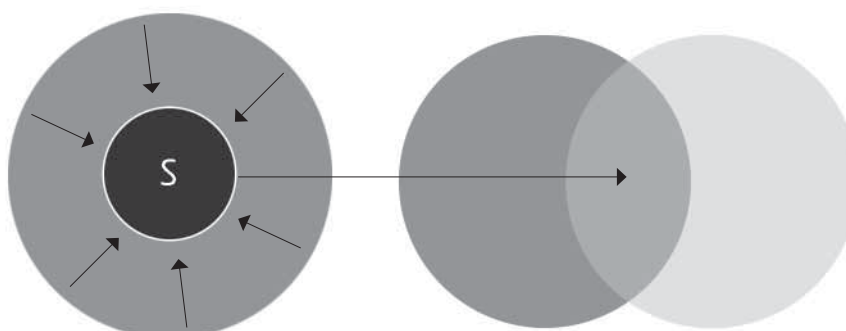


Figure 3. We "Surround" the Student with the Real World to Try to Make the Intersection Happen



to organize schools and school districts in the implementation of the CSHP. As Minkler and Wallerstein point out, building critical consciousness involves reflection and dia-

logue. The service learning activities used in the program involve 1) cycles of reflection and action in making changes, and 2) dialogues linking competencies, the CSHP,

**Table 1. 2006 CUP Responsibilities, and Sub-Competencies Addressed through Service Learning in HLH 635****Area I: Assess Individual & Community Needs for Health Education**

- Collect health-related data

- Use appropriate data-gathering instruments

- Conduct health-related needs assessments

- Analyze needs assessment data

- Identify factors that foster or hinder the process of health education

- Identify gaps and overlaps in the provision of collaborative health services

- Determine the extent of available health education services

Service Learning Activity: Collect and analyze data on the CSHP in area school districts using SHI. Use data to develop final report including action plans and recommendations.

Area II: Plan Health Education Strategies, Interventions, & Programs

- Involve people and organizations in program planning

- Incorporate data analysis and principles of community organization

- Assess factors that affect implementation

- Identify barriers to the implementation of health education programs

Service Learning Activity: Through conducting SHI students become part of CHSP infrastructure. SHI data used by students to suggest actions plans and make recommendations for improving CSHP components.

Area IV: Conduct Evaluation & Research Related to Health Education

- Review research and evaluation procedures

- Evaluate data-gathering instruments and processes

- Carry out evaluation and research plans

- Use appropriate research methods and designs in health education

- Practice

- Use data collection methods appropriate for measuring objectives

- Implement appropriate qualitative and quantitative evaluation techniques

- Interpret results from evaluation and research

- Analyze evaluation data

- Compare evaluation results to other findings

- Report effectiveness of programs in achieving proposed objectives

Service Learning Activity: Students examine SHI and Mariner Model instruments. Students facilitate SHI data collection meetings with school personnel, collect, analyze, and interpret the data in order to develop actions plans and make recommendations

and pre-professional “training” with schools and districts, with instructors, with service learning group members, with members of the target population, and with oneself.

BENEFITS TO USING SERVICE-LEARNING

Upon reflection on the literature it became apparent that there were three benefits to the program employing service learning: 1) practice, relevance, and internalization of health education competencies by the students; 2) “Buy in” of CSHP by students, schools, and districts; and 3) development of an infrastructure for cooperation and collaboration among schools, school districts,

and the department. Identification of service learning activities that would increase the visibility of health education, advocate for updated health education practices, and foster new health education advocates were developed for three required master’s degree courses. Discussion of the courses, service-learning activities, and each of the emerging benefits follows.

Benefit 1: Practice, Relevance, and Internalization of Health Education Competencies. Initially, service learning activities were designed to provide learning experiences related to the initial set of responsibilities and competencies, both entry-level¹³ and graduate-level,¹⁴ in order to meet NCATE

accreditation guidelines and to prepare students for the *Certified Health Education Specialist* credential. Recent program assessment activities have resulted in the alignment of the program with the 2006 CUP Areas of Responsibility.¹⁵

School Health Program focuses on the organization and administration of the CSHP. As part of the course students, working in small groups, conduct an assessment of a school district’s CSHP using the CDC’s *School Health Index* (SHI),^{16,17} prepare written reports (school and district level) for dissemination, and develop and deliver a formal presentation to school district personnel. The reports and the presentation include



Area V: Administer Health Education Strategies, Interventions, & Programs

Exercise organizational leadership

Conduct strategic planning

Analyze the organization's culture in relationship to program goals

Promote cooperation and feedback among personnel related to the Program

Service Learning Activity: Students develop a presentation on SHI final results; conduct an in-service program where the report is presented along with updates on the CSHP.

Area VI: Serve as a Health Education Resource Person

Use health-related information resources

Access health information resources

Respond to requests for health information

Identify information sources needed to satisfy a request

Refer requesters to valid sources of health information

Select resource materials for dissemination

Evaluate applicability of resource materials for given audience

Apply various processes to acquire resource materials

Assemble educational material of value to the health of individuals and community groups

Service Learning Activity: Recommendations from SHI data must be very specific and include links to the resources needed to facilitate the CSHP improvements in the school and district.

Area VII: Communicate & Advocate for Health and Health Education

Analyze and respond to current and future needs in health education

Analyze factors that influence decision-makers

Apply a variety of communication methods and techniques

Assess appropriateness of language in health education messages

Compare different methods of distributing health education materials

Respond to public input regarding health education information

Use culturally sensitive communication methods and techniques

Use appropriate techniques when communicating health and health education information

Use oral, electronic, and written techniques for communicating health education information

Service Learning Activity: The final SHI report and presentations for each school and district link the schools with current school health education models, communicate the importance of the CSHP to school health and academic goals, and must be developed and presented in culturally sensitive and appropriate ways.

for the schools and the district a review of the assessment findings and recommended action plans for improving (or in some cases implementing) CSHP. A summary of CUP responsibilities and competencies addressed through this project can be found in table 1.

Assessment and Evaluation in Health Education and Health Promotion focuses on strategies and techniques for conducting needs assessments and evaluations as part of planning and implementing effective health education and health promotion programs. Each section of this course conducts a needs assessment or evaluation project for a school district, health-related agency, or health-

related coalition. The projects are selected by health department faculty from requests that have been submitted, and are chosen to provide students with real work experience related to the first four responsibility areas, and to provide technical service support to the schools, agencies, and coalitions. The nature of these service learning projects vary from semester to semester but all include: data collection; data entry and preliminary analysis; identification of needs/assets or evaluation conclusions; and written and oral report preparation and delivery to stakeholders. The projects are put into the context of the first four responsibility areas and students are asked to link their pieces

to the larger scope of the needs assessment, program planning, implementation, evaluation process. Given the ecological nature of the CSHP, the important role schools play in communities, and increasing requests for school health educators to become members of community health coalitions, it is important for school health educators to have experiences with health education programs outside of the school. Recently, these projects have included conducting focus groups with teachers and parents on their perceptions of the barriers to and acceptability of school-based obesity prevention interventions; conducting a random telephone survey as part of an evaluation of a county health

**Table 2. 2006 CUP Responsibilities- and Sub-Competencies Addressed through Service Learning in HLH 694****Area I: Assess Individual & Community Needs for Health Education**

- Collect health-related data

- Use appropriate data-gathering instruments

- Conduct health-related needs assessments

- Analyze needs assessment data

- Identify factors that foster or hinder the process of health education

- Identify gaps and overlaps in the provision of collaborative health services

- Determine the extent of available health education services

Service Learning Activity: The class conducts a needs assessment for a school or health-related community organization. Projects are identified by the instructor through contacts with schools, health-related community organizations, or other college faculty members.

Area II: Plan Health Education Strategies, Interventions, & Programs

- Involve people and organizations in program planning

- Elicit input from those who will affect or be affected by the program

- Incorporate data analysis and principles of community organization

- Use research results when planning programs

- Apply principles of community organization when planning programs

- Communicate need for the program to those who will be involved

- Assess factors that affect implementation

- Identify barriers to the implementation of health education programs

Service Learning Activity: The class engages in planning a program for a school or health-related community based organization. Data from previous needs assessments are used.

Area IV: Conduct Evaluation & Research Related to Health Education

- Review research and evaluation procedures

- Evaluate data-gathering instruments and processes

- Design data collection instruments

- Carry out evaluation and research plans

- Use appropriate research methods and designs in health education practice

- Use data collection methods appropriate for measuring objectives

- Implement appropriate qualitative and quantitative evaluation techniques

- Interpret results from evaluation and research

- Analyze evaluation data

- Compare evaluation results to other findings

- Report effectiveness of programs in achieving proposed objectives

Service Learning Activity: Students plan and/or conduct a small program evaluation and write an evaluation report. Depending on the semester students may plan and conduct an evaluation for a program they have designed and implemented; plan and conduct a small evaluation of a program already in place that has been identified by the instructor; or add to evaluation data and reports of an ongoing evaluation headed by the instructor or other faculty member.

Area VII: Communicate & Advocate for Health and Health Education

- Analyze and respond to current and future needs in health education

- Analyze factors that influence decision-makers

- Apply a variety of communication methods and techniques

- Assess appropriateness of language in health education messages

- Compare different methods of distributing health education materials

- Respond to public input regarding health education information

- Use culturally sensitive communication methods and techniques

- Use appropriate techniques when communicating health and health education information

- Use oral, electronic, and written techniques for communicating health education information

Service Learning Activity: Students must develop written and oral reports for both needs assessment and evaluation projects for both the professional and the lay audiences.



department's cardiovascular disease educational interventions; and mapping community health education and services assets. A summary of CUP responsibilities and competencies addressed through these types of projects can be found in table 2.

Teaching Health Education is a school health education planning and methods course. Service learning in this course consists of students working with area schools to meet staff development needs in the area of faculty/staff wellness, and working with the instructor on revising a K-6 health education curriculum based on state learning standards and the latest research on skill pedagogy. A summary of CUP responsibilities and competencies addressed through this project can be found in table 3.

Review of master's oral comprehensive exam performance data and course assessment activities had suggested to the department that the health education responsibility and competency areas were viewed by students as a national trend or document with little relevance to people working at the "grass roots" level, especially students with a very narrow focus of themselves as school health educators. Reviewing the list of responsibilities and the research behind these areas had assisted students in viewing them more clearly, and broadly, yet failed to help students really develop skills inherent in the practice of the responsibilities and competencies. Actually experiencing the responsibilities and many of the competencies have left our students with a voice for describing the responsibilities but also with the experience necessary to relate them to their particular setting and see relevance to their own practice, as the most recent program assessment data have suggested.

Initially, many of our students viewed these service learning opportunities as a hardship to an already overburdened life. Yet, upon completion of the semester, they demonstrate more confidence and a better understanding of the responsibilities as well as an appreciation of the need to have those skills to be an effective practitioner.¹⁸ These student effects have emerged through the systematic, on-going program assessment

that includes review of comprehensive oral exam performance and written examinations and assignments; and feedback from instructors of related courses who have noted the impact of the service learning experiences on students in their classes.

Benefit 2: "Buy in" of CSHP by Students and Districts. Another emerging benefit of service learning is as a pedagogical tool to connect students to health education and the CSHP by having them see and experience the existing and potential benefits of the CSHP. As suggested by Palmer¹¹ the benefits and multi-component nature of the CSHP and the breadth of health education are more clearly "brought home" to students when they are immersed in its development, facilitation, management, and/or evaluation. As one student reflected, *"This opportunity allowed me to see first hand the impact a coordinated effort could have on a child's achievement and success, and in the end, I felt motivated and ready to make a difference."* Student "buy in" of health education is crucial to us given that the majority of our master's students do not come from a health education background. The fact that most of these students are certified in physical education and are, at least initially, seeking health teacher certification to *"make myself more marketable"* has always presented a challenge to the department. The service learning activities, especially related to the CSHP, have served to broaden the views of the physical educators in our program as to the relationships and functions of both physical education and health education, and have served to connect these students more strongly to health education. Analysis of reflection exercises used in courses with service learning illuminate and support this growing connection to health education.¹⁸ For example, as one student wrote about her service-learning experience, *"This really helped me to see how everyone in the school needs to work together to make health education work."* Program assessment data from alumni of the master's program also support the growth in connection to health education as demonstrated by dually certified alumni employed exclusively in health

education or requesting to teach at least one section of health, and alumni requesting places on healthy school teams and community health coalitions.¹⁹

School/District "buy in" has been demonstrated in a number of different ways, from CSHP-related grant applications and awards to increasing requests for the department to consult on CSHP matters. All districts and most schools that have been part of the *School Health Program* service learning projects have applied to the New York State Department of Education for *Healthy Stars* [School Teams Achieving Results Successfully]¹⁸ grant funding set up to support CSHP infrastructure development. Funded through CDC-DASH, *Healthy Stars* monies are only available to those districts and schools that have conducted SHI assessments.²⁰ All districts, and most schools, who we have engaged with in SHI service learning activities have been successful in obtaining this funding. In addition, several schools with which we have worked have been successful in obtaining mini-grants for support of pieces of their CSHP action plans through the local county health department's *Healthy Heart* and *Eat Well Play Hard* initiatives. These grant applications were based on data obtained through the service learning projects.¹⁸ Of those schools which did not have CSHP in place prior to the SHI assessment, 95 percent have institutionalized it subsequent to the service learning experiences. The other five percent indicated that the SHI assessment had just been completed and that it was too early to tell whether the results and the action plans would be used.

Another measure of school "buy in" for the CSHP is the increased number of requests for SUNY Cortland Health Department consultation with CSHP development subsequent to the department's presence during the SHI process. All districts with which we have worked have requested either follow-up SHI to track CSHP infrastructure development, or assistance in revising, or implementing action plans.¹⁸ As word has spread, the department has also begun to receive requests for SHI and CSHP imple-

**Table 3. 2006 CUP Responsibilities, and Sub-Competencies Addressed through Service Learning in EDU 575****Area II: Plan Health Education Strategies, Interventions, & Programs**

- Involve people and organizations in program planning
 - Elicit input from those who will affect or be affected by the program
 - Develop plans for promoting collaborative efforts among health agencies and organizations with mutual interests
- Incorporate data analysis and principles of community organization
 - Use research results when planning programs
 - Apply principles of community organization when planning programs
 - Suggest approaches for integrating health education within existing health programs
 - Communicate need for the program to those who will be involved
- Formulate appropriate and measurable program objectives
 - Design developmentally appropriate interventions
- Develop a logical scope and sequence plan for health education practice
 - Select references relevant to health education issues or programs
- Designs strategies, interventions, and programs consistent with specified objectives

Service Learning Activity: Based on needs assessment and literature review data, students develop lessons for local students and area school faculty in cultural diversity, wellness, and health education. Students also revise K-6 New York State Health Central Curriculum based upon feedback from evaluators.

Area III: Implement Health Education Strategies, Interventions, & Programs

- Initiate a plan of action
 - Deliver educational technology effectively
 - Facilitate groups
- Demonstrate a variety of skills in delivering strategies, interventions, and programs
 - Use instructional technology effectively
 - Apply implementation strategies
- Use a variety of methods to implement strategies, interventions, and programs
 - Use the Code of Ethics in professional practice
 - Apply theoretical and conceptual models from health education and related disciplines to improve program delivery
 - Demonstrate skills needed to develop capacity for improving health status

Service Learning Activity: Students are required to go into local schools and implement small programs for students and school faculty/staff

Area V: Administer Health Education Strategies, Interventions, & Programs

- Exercise organizational leadership
 - Conduct strategic planning
 - Analyze the organization's culture in relationship to program goals
 - Promote cooperation and feedback among personnel related to the program

Service Learning Activity: Students meet with a representative of the state education department as part of the process of revising the K-6 health education curriculum.

Area VI: Serve as a Health Education Resource Person

- Use health-related information resources
 - Access health information resources
- Respond to requests for health information
 - Identify information sources needed to satisfy a request
 - Refer requesters to valid sources of health information
- Select resource materials for dissemination
 - Evaluate applicability of resource materials for given audience
 - Apply various processes to acquire resource materials
 - Assemble educational material of value to the health of individuals and community groups

Service Learning Activity: Students work in small groups to respond to requests from the state education department and local schools to meet health education needs that have been identified. Activities and schools vary year by year.



mentation assistance from districts outside of central New York.

Benefit 3: Building Infrastructure for Cooperation and Collaboration. Through the process of setting up and facilitating the service learning projects, SUNY Cortland Health Department faculty members and students have become familiar faces in the schools and in the community. School district and county health agency personnel have commented to us, and to others, during health-related coalition meetings, how the department has come “down off the hill.” The relationships that have been forged through arranging, facilitating, and implementing the service learning projects have created a new level of trust between the department and the schools and community organizations with whom it has worked. This trust emerged from the reciprocal nature of the service learning experiences—the idea that the schools and community agencies had a lot to offer our students and faculty, and that the department was going to help them achieve some of their own goals, rather than just tell them what should be done. As a result, it has become easier for health department faculty to get permission to conduct research in the area schools; area schools have begun requesting assistance in updating their curricula, rather than being fearful that we would be too “bossy”; and the already good relationship between the department and the local health agencies has become even better.

Moreover, the service learning experiences the students have had are creating “ambassadors” of coordinated school health and CUP responsibilities. All our master’s students bring their service learning experiences with the CSHP and the responsibilities and competencies with them to the schools and districts in New York, and other states, that eventually employ them as teachers. As we are contacted by districts during reference checking it is often that we hear that former students were hired, or are being considered as a finalist, due to their direct experiences with the CSHP, assessment, evaluation, and curriculum development. Students returning from job interviews

often relate that they spent some time during the interview discussing the CSHP model and SHI with their interviewers (sometimes with a degree of surprise in their voices).¹⁹ It is becoming more common for health department faculty to hear that, as one student reported, “*the reason I was a more attractive candidate to my school district was because of my work with the SHI and the CSHP.*” In addition, students for whom health education certification was truly a secondary area, such as music, art, math, and vocational education, are sitting on healthy school teams and supporting CSHP development in their schools.¹⁹

OVERCOMING CHALLENGES AND BARRIERS TO USING SERVICE LEARNING

While we find service learning to be a beneficial approach, implementing service learning is not without challenges and barriers. Those that we and others^{20,21} have encountered include the following:

- 1) Real and perceived increased administrative time necessary for finding and securing service learning sites, and gaining the necessary permissions for conducting service learning activities;
- 2) Student transportation to service learning sites;
- 3) The time required of students outside of class;
- 4) Resistance of agencies and organizations to allow students to do “real” work;
- 5) Developing and finding strategies to get students to make the connections.

We have found several strategies to be successful in addressing challenges and overcoming barriers. Figure 4 links the suggestions below to the barriers identified above. The time required to initiate and to administer service learning projects can seem extensive, however with a little planning it is reasonable and manageable. First of all, setting up a service learning project should happen at least one semester ahead, making the administration of the project less intensive during the time the course is offered. Beginning service learning with organizations with whom you or your de-

partment or your college has established relationships will decrease administrative time needed to identify potential sites, and often the time needed for gaining permissions. Conducting similar projects in different sites reduces instructor administrative time. Using student facilitators, who become “project managers” for the semester, can provide students with valuable management skills, as well as reduce the administrative burden for the instructor. This is especially useful for large, complex service learning projects. Keeping service learning sites local, and placing students in small work groups in which carpooling can occur or work is delegated so not all students have to travel, helps with student transportation issues.

There need to be clearly defined roles for students, faculty, districts/schools, and agencies. Every one of the service learning players needs to understand what is expected of them, as well as the roles of the others. This requires attention to detail when setting up the service learning experience, communication among the players, and continual assessment and revision of the service learning experience. It is important that these expectations be reasonable for all parties. One needs to ask and answer such questions as: How much time can school personnel devote to *SHI*, or agency personnel to the project? How many hours is it reasonable to expect students to spend on service learning outside of class? If necessary, can you give up class time for service learning and still meet the goals of the course? What is the expected level of on-site supervision students will have? Can the site provide this supervision? Can the service learning project be completed during the course of one semester?

Clearly and consistently working to reinforce with students in a variety of ways that service learning activities are an integral part of the course and linked to course objectives has decreased initial student complaints about the amount of out of class time necessary to complete service learning projects. “Giving up” some class time to allow work on service learning project tasks also decreases this barrier, and allows for

**Table 4. Suggestions for Overcoming Barriers to Service Learning**

Barrier	Suggestions to Overcome Barrier
Administrative time	<ul style="list-style-type: none">▪ Begin with schools, agencies, organizations with which there is an already established relationship▪ Conduct similar projects in different sites▪ Plan a semester ahead; use breaks to finalize arrangements▪ Publicize projects to increase potential for sites to contact you▪ Consider using student facilitators for each project
Student transportation	<ul style="list-style-type: none">▪ Keep sites local▪ Use small groups or teams so students can carpool, or so all do not need to travel
Out of class time	<ul style="list-style-type: none">▪ Clearly and constantly work to reinforce that service learning activities are an integral part of the course and linked to course objectives and program goals▪ Clearly define roles of students and agencies so that all involved know the expectations and limits of out of class time investment▪ Plan some class time/meetings for service learning group work
Resistance to students doing “real” work	<ul style="list-style-type: none">▪ Clearly define roles of students, agencies, instructor▪ Publicize past projects▪ Offer “value-added” projects to schools and agencies
Strategies for student connection	<ul style="list-style-type: none">▪ Provide some choice of service learning activity or role▪ Plan for time in class for students to process and “vent”▪ Clearly and constantly work to reinforce that service learning activities are real work not “busy” work▪ Syllabus and other course documents should clearly link service learning activities to course objectives and content

the instructor to assess progress and assist in trouble-shooting.

Once a service learning project has been successfully completed, publicize it through a variety of channels. This might include press releases about the results of the project, presentations to various stakeholders, press releases for university publications, or the creation of a website that highlights the service learning activities (see <http://www.cortland.edu/health/cshp/>). The publicity will alert potential collaborators to contact

you, and signal to students that what they have completed is “real.”

Students, at times, may provide challenges to a successful service learning program. We have found a number of actions to be important to truly engaging students in service learning. If possible, provide students with some choice of service learning activity. This may be a choice among service learning projects, or a choice of task within one larger service learning project. Constructing opportunities for students to

“vent” about the service learning-related experiences in a constructive manner coupled with instructor-led processing of the venting, allows the students some catharsis when feeling overwhelmed, and can provide some indication to the instructor of situations that require some intervention and redirection. Reinforcing to the students that group and coalition work is “real world” work, rather than “busy work” helps students to connect class content with potential responsibilities. Service learning activities need to be clearly



linked to the content of the course in which they are embedded and be part of student assessment in the course. Finally, “giving up” a class meeting or two for service learning groups to meet and/or using methods blocks-type scheduling for service learning courses can provide some relief from real and perceived time overload issues.

Establishing long term relationships with districts, schools, and/or agencies can be important for sustaining service learning activities. However, it is crucial to continually assess the service learning program and eliminate sites, settings, and activities that are not meeting your stated objectives or are providing too many barriers. Formal and informal feedback from school staff, agency stakeholders, and students is vital to a successful service learning program.

Service learning can increase the visibility of health education through engagement of districts and agencies in activities directly supportive of the CSHP, and by sending health education students into schools and agencies earlier in their program, more often, and in a variety of health education roles. It can contribute to healthier schools and communities, and better prepared teachers who possess the skills deemed as critical to being a health educator. When we “surround” the student with the real world, the real world interacts with the student and everyone benefits.

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4. *Making an impact on out-of-school time: A*

Figure 4. Suggested Checklist for Setting Up Service Learning		
Checklist for Service Learning Infusion		
1	Identify course goals and objectives to be linked to service learning activities	
2	Update course so service learning is not an “add-on”	
3	Identify potential school/community partners	
4	Meet with potential partners to discuss mutual needs and goals	
5	Establish criteria and expectations of partnership and project	
6	Establish academic criteria and expectations	
7	Research and obtain any necessary permissions	
8	Discuss potential personal and professional benefits with students	
9	Provide on-going opportunities for reflection and discussion	
10	Provide opportunities for students to identify, practice, and employ conflict resolution and communication skills as necessary	
11	Identify avenues for closure and final resolutions	
12	Publicize project and project results	

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