



SWARMing for a Solution: Integrating Service Learning and Peer Education into the Health Education Curriculum

Karen L. Butler, Angela Jeter, and Rovaughna Andrades

ABSTRACT

*Johnson C. Smith University, one of the nation's oldest historically Black colleges and universities, has a peer education program known as Students with a Realistic Mission (SWARM). SWARM's primary focus is on HIV/AIDS, other sexually transmitted disease prevention, alcohol education, and other drug awareness. During the spring 2000 semester, we integrated service learning and peer education into two health education courses titled *Healthful Living and Drugs*. Students enrolled in the classes serve as peer educators for the semester. We piloted the service learning component during the spring and fall 2000 semesters. The component has been evaluated and revised several times, but remains an integral part of the two courses. This article describes and reviews program development, successes and obstacles, and provides a summary of our findings.*

Founded in 1867, Johnson C. Smith University (JCSU) is one of the nation's oldest historically Black colleges and universities. JCSU is an independent, private, coeducational, 4-year liberal arts institution. According to the mission statement, the university provides an environment in which students can fulfill their physical, social, cultural, spiritual, and other personal needs and in which they can develop a compelling sense of social and civic responsibility for leadership and service in a dynamic, multicultural society. Likewise, the university faculty and staff embrace their responsibility to provide

leadership, service, and lifelong learning to the larger community. JCSU believes strongly in "giving back" to the community and has earned trust through collaboration on numerous endeavors with these neighborhoods. As an institution of higher learning, it is imperative that the faculty, staff, and students search for ways to evaluate and improve the human condition. The process of education is not seen as merely preparation, but a process of empowerment that will serve students throughout their lives.

Students are given opportunities to make a difference through course

assignments, service learning projects, community service requirements, the Urban Research Group (URG), co-ops, and internships. JCSU faculty have incorporated community research projects in classes for nearly 20 years. The university instituted

Karen L. Butler, PhD, is an assistant professor of health education; Angela Jeter, MS, is director, Service Learning; and Rovaughna Andrades, MAHE, MEd, LSW, is director, Counseling & Testing Center at Johnson C. Smith University, 100 Beatties Ford Road, Charlotte, NC 28216; E-mail: kbutler@jcsu.edu.



the service learning program in the fall of 1994. Since that time we have established ourselves in the Charlotte community as well as serving as a model regionally and nationally. In addition to JCSU's service learning program, our university has a graduation requirement of 40 hours of community service for all degree seeking students. This requirement began in the fall of 1995. Departmental service learning, internship, and co-op requirements provide students with experiences that increase their involvement in the community. As a direct result of these initiatives, the university has established its community relationships in a myriad of ways. Currently we have approximately 15 cooperative partnerships and numerous collaborations within the greater Charlotte community. JCSU is very visible in the community and has established strong linkages with our stakeholders.

DEFINING SERVICE LEARNING

We define service learning as both a philosophy of education and an instructional method. As a philosophy, it is based on the belief that education should develop social responsibility and prepare students to be involved citizens in democratic life. As a method, it coordinates service activities with the academic curriculum and provides students with the opportunity to learn through active engagement while addressing community needs (Anderson, 1998). Specifically, service learning as defined in the National Community Service Act of 1990 is a method whereby participants learn and develop through active participation in thoughtfully organized service that:

- is conducted in and meets the needs of a community;
- is coordinated with an elementary school, secondary school, institution of higher learning, or community service program, and with the community;
- helps foster civic responsibility;
- is integrated into and enhances the academic curriculum of the students, or the

educational components of the community service program in which the participants are enrolled, and;

- provides structured time for the students or participants to reflect on the service experience (Tai-Seale, 2000, p. 258).

The partnership between the health education program and the peer educators began for several reasons. First, it allowed for service learning to be permanently integrated into the health education curriculum, thus giving students the opportunity to apply what they were learning in class. Students taking the courses in sequence would serve as peer educators for the entire academic year. Second, it provided the peer educators the opportunity to increase their numbers and thus the number of programs/events to be offered each semester. The number of peer educators ranged from 4 to 6, whereas course enrollment averaged 20.

The service learning framework used in designing the service component includes four components: preparation, action, reflection, and celebration (Duckenfield & Swanson, 1992). Preparation activities include orientation to service learning and the peer education program, peer educator training, initial coursework, and designing events and presentations. The action phase is students' involvement in peer educator activities such as educational events, presentations on campus and in the community, meetings, planning committees, and projects such as writing articles and program proposals. Reflection is facilitated by reflection papers, course evaluations, evaluation of the service learning component, presentation evaluations, and class discussion. Celebration is the coming together of all participants at the end of the semester. It is often scheduled during the last class period but is a purely social event with food, prizes, and time for unstructured discussion. More detailed descriptions of the service learning component (serving as peer educators) and the academic curriculum (two sophomore-level health education courses, *Healthful Living and Drugs*) follow.

SWARM: THE JCSU PEER EDUCATION PROGRAM

The Counseling and Testing Center (CTC) is home base for the campus peer education program known as Students with a Realistic Mission (SWARM), and the center's staff are the program advisors. Peer educators are a select group of students who work throughout the academic year to provide information, programs, and activities on HIV/AIDS and other sexually transmitted diseases, and alcohol and other drug awareness to the campus population and the surrounding community. The mission of the peer educator program is to provide leadership and education as an effective awareness and prevention method, while promoting the development of self-worth and respect among peers.

The peer education program includes seven primary outreach components: delivery fairs; safer sex socials; prevention workshops; male/female appreciation day; World AIDS Day; National Collegiate AIDS Awareness Week; and National Collegiate Alcohol Awareness Week. These events and other programs occur throughout the academic year.

Training for the peer educators is provided by the CTC staff, American Red Cross, the National Association for Equal Opportunity in Higher Education, and/or the staff of other community organizations such as Metrolina Aids Project. Outreach sites include Substance Abuse and Prevention Services; Fighting Back; AA/Al-Anon; Charlotte Rescue Mission; Charter Pines; Hope Haven; Relapse Prevention Center; Time Out Youth; American Red Cross; Washington Heights Community Association; Present Day Ministries; State Department of Public Health; Mecklenburg County Health Department; Planned Parenthood; Carolina Health Care System; North Carolina Highway State Patrol; Chemical Dependency Center; Charlotte-Mecklenburg Police Department; McLeod Center; The Males Place; Greenville CYO; and the YMCA.



Figure 1. Drugs and Healthful Living Course Descriptions

Drugs
<p>Description: This course is concerned with the effects of the use and abuse of alcohol, tobacco, and other drugs on the individual and society.</p> <p>Competencies: Students will be able to:</p> <ol style="list-style-type: none"> 1. Identify the multiple, interrelated, and complex historical and sociocultural factors that influence the use of drugs in society. 2. Describe the immediate and long-term effects of psychoactive drug use, misuse, and abuse. 3. Critically evaluate various education, prevention, and treatment approaches. 4. Examine personal values, attitudes, behaviors, and assumptions regarding drug use.
<p>Service Learning Competencies: Students will be able to:</p> <ol style="list-style-type: none"> 1. Expand knowledge of pertinent health issues. 2. Apply classroom training to the practice setting. 3. Develop a sense of responsibility in the education of others. 4. Experience the value of helping without monetary gain. 5. Practice peer teaching skills.
Healthful Living
<p>Description: This course provides the student knowledge and techniques of health as it relates to personal, professional, and family living. Health careers are also an aspect of this course. Satisfies the general education requirement for health education majors only.</p> <p>Competencies: Students will be able to:</p> <ol style="list-style-type: none"> 1. Evaluate personal health behavior, design a strategy for change, implement the strategy, and report on the outcome. 2. Distinguish between behaviors that foster or hinder wellness. 3. Identify valid and reliable sources of wellness information. 4. Keep a weekly health journal. 5. Examine attitudes toward sexuality and relationship issues. 6. Categorize drugs and describe effects. 7. Discuss sociocultural influences on health. 8. Identify effective violence prevention strategies. 9. Describe strategies for improving environmental health. 10. Articulate views on aging, dying, and death.
<p>Service Learning Competencies</p> <p>(same as above)</p>

COURSE DESCRIPTIONS

The two courses that seemed to be most closely aligned with the mission of the peer educators were two sophomore-level content courses, Healthful Living and Drugs. JCSU offers two majors in health education: community health and school health (teacher education). Both courses are required in both majors. The courses are also popular electives for nonmajors. Catalog descriptions and course competencies are presented in Figure 1.

PROCEDURE TIMELINES

Once appropriate courses were identified, the process was as follows. In the fall of 1999, the health education professor, peer educator advisor, and service learning coordinator met to plan the component. The health education professor and peer educator advisor were trained in service learning by the service learning coordinator, a member of the JCSU faculty, and a consultant. The pilot component was offered in Healthful Living in the spring of 2000, and in Drugs in the fall of 2000. During the spring semester of 2001, Healthful Living and Drugs were officially designated as service learning courses. A revised component was offered in Healthful Living in the spring of 2001. The further revised component was offered in Drugs the following fall (2001). This component is currently being offered in Healthful Living (spring 2002).

A typical semester would proceed as follows. The service learning coordinator visits the class in the first week and the first reflection paper is due at the end of the second week. In class peer educator training takes place during weeks 3 and 4. At midterm (week 8), the second reflection paper is due. The service learning project is due in week 9, and presentations are given in weeks 10 through 15. The third reflection paper is due in week 14. Course and service learning evaluations are completed during week 15. The service learning celebration is scheduled for week 15 or 16. SWARM events are scheduled throughout.



Evolution of the Component

The health educator and peer educator advisor decided that the service learning component would be comprised of 50 points. This represents 25% of the course grade. The initial design (spring 2000/fall 2000 pilot) was as follows. Students were to hold 18 office hours over the course of the semester (3 months \times 6 hours \times 1 point per hour=18 points), attend six peer educator meetings (3 months \times 2 meetings \times 2 points/meeting=12 points), and attend two workshops/events (2 events \times 10 points/event=20 points). These criteria were chosen because this is how the peer educators had been evaluated. Students were able to schedule their own office hours and were expected to attend one programming meeting and their committee meeting each month. Four committees, formed at the beginning of the semester, were the Vice President's, Campus Events Coordinator's, Community Outreach Coordinator's, and Secretary's. Any two events could be chosen as long as one was on campus and one was an outreach event.

The revised component offered in the spring of 2001 included attending meetings (3 meetings \times 3 points/meeting=9 points), attending workshops/events (2 events \times 8 points/event=16 points), completing a project (16 points), and writing reflection papers (3 papers \times 3 points each). These changes were based primarily on student feedback. Reflection papers were added at the request of the service learning coordinator, as reflection is an important part of the process. These papers served as another valuable source of student feedback. Office hours were eliminated because it was difficult to coordinate 20 students' schedules. Also, there was not enough work to be done and students felt they were wasting their time. Likewise, attendance at programming meetings was more observatory than participatory, so that requirement was changed to committee meetings only. Peer educator officers continued to attend programming meetings and hold office hours. A project was added so that students would feel more involved

in the program. Examples of projects included writing an article for the newsletter; designing an educational program for JCSU students, community members, or K-5 students; presenting such a program; and designing instructional material to be used in the programs.

In the fall of 2001 the component offered in Drugs included attending two workshops/events or one workshop/event and one programming meeting (2 events \times 5 points/event=10 points), a group project (25 points: 10 for design and 15 for implementation), and reflection papers (3 papers \times 5 points each). Several factors influenced the aforementioned changes. CTC staff and peer educator officer turnover led to cancellation of events and scheduling committee meetings outside of class time was difficult. Also, students still wanted to be more actively involved in doing the business of peer education rather than talking about it in meetings. The group project was selected to replace the individual project so that all students would have an opportunity to practice their presentation skills. Groups were formed at the beginning of the semester and class time was provided for the groups to meet during the design phase. Each group chose a peer education topic of interest and a target audience, then designed and implemented a 45-minute educational presentation or community outreach event. On-campus presentation venues included the dorms, student union, freshman orientation, and other classes. Off-campus presentations took place in the Gethsemane Enrichment Program for K-5th graders.

Evaluation

Four sources of student feedback were used to evaluate and continually modify the component: the SIR II, a general course evaluation form, the service learning evaluation, and the service learning reflection papers. The SIR II is a standardized course and instructor evaluation completed in all classes. The general course evaluation consists of the following four questions: (1) What did you like most about the class? (2) What did you like the least? (3) Would

you take another class of mine? Why or why not? (4) What suggestions do you have for improvement?

The service learning evaluation consisted of seven questions with space for additional comments. The first four questions were Likert-type scale items in which 1=strongly disagree, 2=disagree, 3=agree, and 4=strongly agree: (1) I believe the service learning program increased my awareness of HIV/AIDS related issues. (2) I believe the service learning program increased my awareness of alcohol and other drug related issues. (3) I believe the student body/campus benefits from peer educators. (4) The goals/issues targeted by SWARM fit objectives of this course. (5) What would you change about the peer educator service learning program? (6) What aspects of the service learning program worked well? (7) What suggestions would you make to improve the overall service learning program?

The reflection papers were collected throughout the semester, once at the beginning (the "before" picture), once in the middle (the "during"), and once at the end (the "after"). Prompts were as follows.

Paper 1: (1) What is your opinion of service learning as a concept/in general? (2) What do you think of the service learning component of this class? What do you like/not like? (3) What are your expectations in regard to the service learning component? (4) Do you think the service learning component will help you more fully understand the course material? Why/why not?

Paper 2: (1) List and describe the peer education activities you have participated in. (2) Which did you like the best and least? Why? (3) Are there things you'd like to do but aren't? What about things you are doing but would rather not? (4) What service are you providing? What are you learning?

Paper 3: (1) What is your final evaluation of the service learning component of this class? (2) Were your expectations in regard to the service learning component met? How so/how not? (3) Did the service learning component help you more fully



understand the course material? How so/ how not?

An evaluation instrument for the peer educator presentations was developed by the course instructor for the service learning coordinator, the peer education program advisors, and presentation participants. The younger elementary students provided verbal feedback; the older students provided verbal and written feedback through “what I learned” essays.

Feedback

Student feedback has been largely positive. When criticism was given, it was thoughtful and constructive—given in the spirit of making it better for the next group. Students consistently agreed that the service learning program increased their awareness of pertinent health issues; that the student body/campus benefited from peer educators; and that the goals/issues targeted by SWARM fit the objectives of the course. Often what they liked most about the course was the service learning component, specifically, the peer educator training. The most common suggestions for improvement have been to offer more events and provide for more student involvement.

Most students recognize the service as providing and/or reinforcing vital health information in their peers and community members. Evidence of curriculum/learning enhancement is found in the following quotes from reflection papers:

- “I learned more than the ‘what’ of the class...that you have to be able to use the knowledge...”
- “You learn more by trying to teach something than sitting in class all the time.”
- “It’s one thing to learn about something, but conveying it to someone else is a whole nother (sic) thing.”

Finally, several students have become peer educator officers as a result of the service learning component piquing their interest in the SWARM program.

CONCLUSION

The service learning component

currently being offered is markedly different from the model with which we began. This “fine tuning” has been spurred by students’ comments and suggestions, as well as finding out what works and what does not from an administrative perspective. Our philosophy has been, you never know if something will work unless you try it; and any idea can be improved on. In any case, integrating service learning into the health education curriculum is not a static event. It is a dynamic, circular process that requires the active involvement of all stakeholders in each of the phases, from planning, to implementation, to revision based on evaluation throughout. Future plans are to continue to plan, evaluate, revise, and reimplement the program each semester with the intention of developing the “ideal” program.

Service learning sets up a win-win situation. It provides a way to respond to campus and community health needs while enhancing the curriculum, as students learn more by doing things that benefit the

health and wellness of others (Greenberg, 1995). By including a statement about the service learning component in course catalog descriptions, sustainability of the program is facilitated. All content areas in health education is suitable for service learning and most target audiences would welcome the effort.

REFERENCES

Anderson, J. (1998). *Service learning and teacher education*. Washington, DC: ERIC Clearinghouse. ERIC# ED421481. Office of Educational Research and Improvement. Washington, DC. (EDD00036)

Duckenfield, M., & Swanson, L. (1992). *Service learning: Meeting the needs of youth at risk*. Clemson, SC: National Dropout Prevention Center.

Greenberg, J. (1995). Service-learning in health education. *Journal of Health Education*, 26, 214–223.

Tai-Seale, T. (2000). Service-learning: Historical roots, present forms, and educational potential for training health educators. *Journal of Health Education*, 31, 256–261.

Automatic-Electronic-Review

Available Immediately
Submit your article on the Web
www.journalsubmit.com

Sign up
 Click on “Submit a Manuscript” and follow the link for new authors to create your account

Sign in
 Using your E-mail address and password

Submit
 Our journal ID is “AJHE”