Background

The exclusion of the target population at the front end of the research process can often lead to ineffective interventions that show little or no effect in terms of creating positive change in health behaviors and health status. This is especially true for poor and underserved communities. Population-level determinants such as social networks, geographic location and spatial segregation, access to and quality of health care, no or under insurance, socioeconomic status, poverty, employment status and experience with the correction system play a crucial role in creating health disparities (Barrow, Newman & Douglas, 2008; Hogben & Leichliter, 2008; Hofricher, 2003).

However, all too often health interventions and research studies are designed without the input of the populations they are designed to treat or help and with limited knowledge about the influence of social or contextual factors. Service learning can provide an important approach to working in historically marginalized communities to engage people who aren’t ordinarily brought to the table in research. In other words, service learning is an excellent approach to use to give voice to what Stoecker and Tryon identify as the “unheard voices” (Stoecker and Tryon, 2009).

Research Questions

1. How can service learning benefit community-engaged research?
2. Can a community engaged approach be effectively carried out in a semester-long service learning class?
3. What are the challenges and rewards of a community collaborative approach for a student?
4. What are the challenges and rewards when community partners are engaged in the research process through a service learning project?

There are claims of the positive impact that service learning has on communities, but as we find, there is much less research to back up those claims (Gruen & Giles, 2000 in Stoecker & Tryon, Unheard Voices: Community organizations and Service Learning).

Results

- African American women (n=35) aged 18 and older (mean= 35) completed women’s health needs survey
- Key Survey Findings:
  - Common themes included need for STD prevention and birth control/pregnancy prevention.
- Community Partnership Outcomes:
  - Public Health and public housing officials are partners and have expressed interest in using findings to inform development of health services for women in community.
- Service Learning Outcomes:
  - Used formative phase and results to write grant to launch larger-scale study on women’s health needs and barriers to health services. (currently underway)

Conclusions

Despite negative local perceptions about the community, the women expressed extraordinary resilience and hope for improving their health outcomes and wellbeing.

Figure 1. Women attending WOW (Women of Worth) collaborative meeting to discuss health as part of research planning process.

Community and University Come Together Through Service Learning Class

The Process

Public housing community

University Partner

Community-Engagement Method (Applying Core Principles of CBPR)

1. Identified and met with community gatekeepers to gain access to women in community through an existing community-based women’s group.
2. Co-facilitated collaborative meetings to explore and develop shared goals and expectations
3. Used feedback from women to create community women’s health needs assessment survey
4. Recruited women to share their stories, attitudes and beliefs about health issues and needs unique to women’s experiences

Student immerses self in community

Figure 1. Women attending WOW (Women of Worth) collaborative meeting to discuss health as part of research planning process