Illness and disability can impose an indirect economic burden on a country where many individuals of working age are unable to work (McGlone, Bailey, Zimmer, Popovich, Tian, Ufbergm, Muder, & Lee, 2012). Johnson & Webber (2015) concurred that measure of the relative health of the total population of a community is its health profile or health status. Substantial empirical literature provides evidence on the health-productivity relationship at both the micro- and macroeconomic levels (Pender, Marre, & Reeder, 2012; USDHHS, 2010). To the aforementioned socioeconomically perspective of health and to the notion that good health is reciprocal to individuals' productivity, some nursing theorists defined health as a state of well-being of individuals or groups that is culturally defined, valued, and practiced (Fawcett, 2013). Alligood (2017) corroborated that health must reflect the ability of individuals or groups to perform their daily activities in culturally expressed, beneficial, and patterned lifeways. The IOM (2012) reported the findings of an associative relationship between the availability of healthcare services in a community and the chance of individuals to die from complications of heart disease, hypertension, and diabetes. Service learning is defined as a pedagogy that uses intentional reflective activities to balance service and learning objectives through a process of dialogue and relationship building. Presently, service–learning pedagogy is at the periphery of most nursing curricula. Most initiatives are usually ill-funded, sporadic, and initiated by volunteers who do not always have the skill set and proper academic preparation to deliver the care needed and to evaluate the outcomes of their initiatives. The nursing program in a university located in the Mid-Atlantic region is committed to providing quality nursing education opportunities to residents of the region and preparing professional nurses to address the comprehensive and complex health care needs of the diverse citizenry of the region as well as a larger society. To address the needs of the community, the program integrates service-learning experiences in the mission and modifies the curriculum, course offerings, and learning approaches. The program also partners with other health stakeholders in the community and joins other programs in the college and departments across the university to promote and improve the health of the residents. **Theory**- For health initiative to be effective nursing students applies open system theory promoting interaction and interdependence. They collaborate with other disciplines and programs to provide wholistic care to individuals in their societal context or community (Bertalanffy, 1968). **Philosophy** - “Feeling with” is applied and characterized by 1) mutuality or service that is equally beneficial to the service givers as well as the service
recipients, 2) reciprocity or encounter of givers and receivers who are reciprocally connected, supporting the principle of “to be doer or the done-to is to respond to the other in oneself”, 3) solidarity refers to perceiving others as fellow sufferers.

The nursing students, in their approach, follow the pathway to better health that includes primary, secondary, and tertiary prevention initiatives undergirded by evidence-based service-learning experiences to Heart disease, hypertension, and diabetes among the residents of the region. Primary prevention is characterized by healthy actions taken by individuals or groups to avoid illness or disease, and examples are healthy nutrition, smoking cessation, exercise programs, and community awareness activities. Secondary prevention involves screening for early detection of the aforementioned diseases and proper referrals for treatment. In addition to obtaining a health history, and performing a physical assessment, this prevention also involves the use of measurement tools. Tertiary prevention is defined as rehabilitation, since the individual has already entered the health-care system and is recovering from or learning to cope with the health deficit. The students accomplish this by assuming the role of coaches, advocates, educators, and counselors at individual or group levels. Nursing students collaborate with nutrition students to individualize community members’ teaching on topics related to nutrition for weight management. They also collaborate with health education students to individually tailor exercise regimens to help community members with disease control. The initiatives represent a major component of a larger scheme of community sanctions to be met by the university. The uniqueness of the university to be the trendsetter of innovative means to accomplish social justice in the region, a depository of measures to transform learning process and renewal of students’ professional purpose, and a repertoire of models for refinement of relationships with communities and maintenance of partnerships for others to emulate. Finally, moving service learning to the center of nursing students’ practice can lead to increase trust and participation in research studies for the discovery of effective management or a cure for health issues that specifically affect the region’s residents in significant percentage.

Title:
Service Learning: Symbiosis of Community as Classroom and Achievement of Disease Prevention

Keywords:
Heart Disease, Diabetes, and Hypertension, Primary Prevention, Secondary Prevention and Tertiary Prevention and Service-Learning

References:

Abstract Summary:
Illness can impose indirect economic burden on a country where many individuals of working age are unable to work. By using service learning pedagogy to deliver preventive care, nursing practice can lead to increase participants’ trust in research studies for the discovery of effective management and cure for health issues.

Content Outline:
A. Health Status of Urban Mid-Atlantic Community
1. Productivity relationship at both the micro- and macroeconomic levels
2. Chronic Disease Foci: Heart Disease, Diabetes and Hypertension
B. Service learning Pedagogy
1. Uses intentional reflective activities through a process of dialogue and relationship building.
2. Integrates experiences with the University mission.
3. Modifies the curriculum, course offerings, and learning approaches.
4. Partners with other health stakeholders in the community.
5. Joins other programs in the college and departments across the university to promote and improve the health of the residents.
C. Theory: Open system theory promoting interaction and interdependence.
D. Philosophy: Mutuality - Reciprocity - Solidarity
1. Approach: primary, secondary, and tertiary prevention initiatives
2. Students: roles of coaches, advocates, educators, and counselors at individual and group levels.
3. Students collaborate with nutrition and health education students.

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